

# POSTAL HYGIENE

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# MENTAL HYGIENE

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## THE CHALLENGE OF SEX OFFENDERS \*

### INTRODUCTION

EDWARD A. STRECKER, M.D.

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I HAVE been asked to make a few introductory remarks to this symposium, and what I have to say first concerns that great power—the fourth estate. It is rather unfortunate that, in certain newspapers, sex crimes of recent happening have been reported in a certain way—not unfortunate that they have been reported, because they are news and the business of the newspaper is to print news, but the way in which they have been reported has been somewhat unfortunate. They have been reported too luridly—not in all newspapers, but in some—and they have been reported incompletely. The net result has been to disseminate publicly rather grotesque ideas, wild stories, fear of imminent danger in our homes, so that a segment of the public at least believe that the very bulwarks of our civilization are being menaced by the sex criminal.

As you know, these stories have to be taken with a very large grain of salt. It is somewhat doubtful, quite doubtful, whether there is any actual statistical increase in the number of sex crimes. I feel quite certain that there is no marked and sudden increase; in fact, being rather interested in this subject, I believe it is true that there have been periods in the history of the world when there was a much greater incidence of sex criminalism.

\* A symposium presented at the Twenty-eighth Annual Meeting of The National Committee for Mental Hygiene, New York City, November 10, 1937.

It is the fashion to-day to look at things. The doctor looks not only at the liver of his patient, but also at his emotions, and writes a book about them. Many people *look at* this or that and tell us about it. So, too, the sex offender is being looked at. He isn't a very pleasant sight, but I suspect it wouldn't be quite so difficult to look at him if we were not peering at him through lenses that are somewhat clouded by misinformation and prejudice.

Suppose for the moment we let the sex offender look at us—look at society. Let us think of three sex offenders gathered together discussing what they would do if they had their lives to live over. The first might say, "If I had my life to live over, I would postpone my birth. I realize that I was born entirely too soon. I wish that my birth had been withheld until they really knew something about the chemistry of sex and about the endocrinology of sex." He would represent a small group, but his complaint would be worth listening to. And the second might say, "I, too, was born too soon. I was born far too soon so far as the public attitude toward sex is concerned. I was born into an era when sex ignorance was favored, when there were numerous sex taboos, so that when I got into sex difficulties in school or with the street-corner gang, there wasn't anything to do about it, because I didn't know and I was afraid to ask." And the third sex offender might say, "I also was born too soon; I was born socially too soon; I was born legally too soon. I began with a relatively small sex infraction and I met a merciless wall of social condemnation and an inflexible law, and I was treated in prison." So they might speak as they looked at us.

Let none of this be interpreted as a bid for sickly-sentimental attitude toward sex deviation and particularly not toward sex criminalism. The law is a necessary component of what in the future I hope we are going to do about sex criminalism, but it is only a component. It must be guided by scientific knowledge, and so far there isn't very much to go on.

We do have a little understanding, perhaps—enough to develop a better attitude. A fair point of departure for right thinking lies in an understanding of the fact that there is a very close relationship between so-called normal sex and

so-called abnormal sex. The Arabs, who in some ways are wise, approve highly of marriage between first cousins. They give a good many reasons, and one of the chief is very interesting. They say, in regard to the marriage of first cousins, it is good because if she (the wife) becomes angry with you, she is not so likely to curse your ancestors (a favorite pastime among the Mohammedans), since if she does so, she will of necessity be cursing her own. We might start with that point of view in our consideration of this sex problem. The line of demarcation between "normal" and "abnormal" sex is certainly in places rather faint. Those of us who are fortunate enough to be within the charmed circle of "normal sex" had better not curse too vehemently those who are outside the circle, because we might be cursing ourselves.

I should say that the attitude of modern well-informed psychiatry at the present time toward this problem should be about this: Psychiatry should say to the Law and to Society and to public opinion at large, "First, it is the job of the law to protect the public. Continue to do that! But over and above this, try to understand, do not let prejudice and intolerance becloud your vision." And above all, psychiatry would say and should say and does say, "We need information about this problem; more information; much more information. We need information, first, about the chemical and endocrine factors." Why, in the present state of our knowledge, the exact difference between the male and the female sex hormone cannot be determined with any certainty, so alike are they in their chemical structures. That is an index of our abysmal ignorance concerning this problem. Psychiatry would say, "We need more information concerning environmental factors." One of our speakers will tell you about this much better than I can. "We need information about sex itself, ordinary, everyday, normal sex. We know very little about it. We need information about its psychology and its physiology and its sociology." And from such information will come formulations, and from these formulations will come revised public opinion, right attitudes, wise laws, not only to the more effective handling of the problem of sex transgression, but to the ultimate and great benefit of society as a whole.

## NEW YORK'S PRESENT PROBLEM

HONORABLE AUSTIN H. MacCORMICK

*Commissioner of Correction, New York City*

IT is probable that New York's present problem with regard to sex offenders does not differ materially from its problem at any time during recent years. During the past year there has been a series of particularly revolting crimes against women and children, and the public has naturally become increasingly sex-crime-conscious for the time being. This has happened many times before, not only in New York City, but in every important city in the world. Sex murders almost always come in cycles. One crime of this sort, especially if the newspapers give it as stimulating a play-up as they usually do, is almost certain to cause from two to a half-dozen more within a short period. I do not need to tell this audience that the people who commit the worst types of sex crime are highly suggestible, are keeping themselves under control with the greatest difficulty, and very often are impelled by an uncontrollable urge after they have dwelt on the details of a crime and have feasted their eyes on the newspaper pictures long enough.

Between the periodical cycles of front-page headline crimes, however, the public pays little attention to the problem and is especially unaware of the significance of so-called minor sex offenders. This is just as well, for the problem will never be solved by New York City or any other community under conditions of hysteria. From August 1 to September 15 of this year, we received at the Riker's Island Penitentiary twice as many men charged with sex offenses as during the same period last year. It is unreasonable to assume that there had actually been a 100 per cent increase in sex offenses. It was rather that the police were more active, the judges were committing more offenders, and the public were keeping their eyes open more widely for suspicious actions. As a matter of fact, for a while it was utterly unsafe to speak to a child on the street unless one was well-dressed and well-known in the neighborhood. To try to help a lost child, with tears streaming down its face, to find its way home would,

in some neighborhoods, cause a mob to form and violence to be threatened.

Frankly, I do not know whether sex offenses are on the increase or the decrease in this city, and I doubt whether any one does. It is my own opinion that there has been very little change in either direction in the last few years, but there are no adequate statistics with which to prove or to disprove that statement. Thousands of sex offenses of one sort or another are committed every year without ever coming to the attention of the police or getting into the statistical records. Victims and witnesses are reluctant to report the matter or to testify if an arrest is made. For this reason, and also because so many complainants and witnesses are children whose evidence is unreliable or easy to controvert, the percentage of convictions in sex offenses is not high. In 1936 in New York City, 277 arrests for indecent exposure resulted in 150 convictions, 66 of which ended in imprisonment or commitment to a hospital for mental disease. Four arrests for rape of a child between the ages of seven and twelve resulted in two convictions; 20 arrests for rape of children from twelve to fourteen years of age resulted in 11 discharges or acquittals and only one conviction; and 772 cases of rape of girls between fourteen and eighteen years of age resulted in 183 convictions. One hundred and seventy-five arrests for sodomy resulted in 61 convictions, 45 of which led to imprisonment or commitment to a mental hospital. Three hundred and thirty-eight arrests on the charge of impairing or endangering the morals of children resulted in 145 convictions, of which 89 led to imprisonment or commitment to a hospital.

If we wish to study sex offenders or to treat them, in view of the above figures we may expect to find only a small percentage of the total number in prison or in a hospital. Of those convicted in New York City, some go to state prison, but a great many of those who could be sent there are finally convicted or plead guilty in a lesser degree and are sent to the New York City Penitentiary on Riker's Island. Those who commit the more serious offenses receive an indefinite sentence to the penitentiary—that is, a sentence for any period up to three years, the date of release to be determined by the New York City Parole Commission. The majority,



however, receive workhouse sentences varying in length from five days to one year. Most of these sentences are for very short periods, and we often do not know that the person is actually charged with a sex offense, for he is committed for disorderly conduct, drunkenness, vagrancy, or some other offense on which it is relatively easy to secure a conviction.

During 1936 we received at Riker's Island about 500 men convicted of sex offenses. Of these about 175 were charged with various offenses involving homosexuality and the remainder covered the whole gamut of possible offenses from indecent exposure to sodomy and rape. The men represented all ages, all nationalities, all the mental levels from low-grade morons to men of superior intelligence, and revealed in their case histories a wide variety of backgrounds. Some are undoubtedly insane, many are mentally defective, but most of them cannot be classified any more closely than as psychopathic personalities, and there is small likelihood that they could be committed to a hospital for mental disease under the laws of most states and with hospitals for mental cases as crowded as they are to-day everywhere.

One fact of interest and importance stands out. Our records show that a large percentage of those committed to us for sex offenses have served previous sentences, in many instances for offenses of practically the same type. Many have served repeated sentences, extending back as far as twenty years. In short, many of those who are now troubling us have been in our hands before, and we have had an opportunity not only to diagnose their cases, but also to give treatment where there is a likelihood of success and to remove the others permanently from circulation or, at least, to allow them at large in the community only under carefully controlled conditions. One of the most extreme instances of our neglect in these cases is that of Ossido, the barber who murdered a small child while he was out under \$1,000 bail after raping another child. May I say in passing that Ossido served time in one of our institutions before our present medical service was organized. It is safe to say that our present medical staff would have discovered the fairly important fact that he had paresis.

But even with our vastly improved medical service and with the increased facilities for segregation available at



Riker's Island, we must confess that we are not able to do anything very effective with the sex offender. Many of those committed to us remain for so short a time that it would be impossible to make more than the most hasty diagnosis, while treatment would be out of the question. Our neuropsychiatric service is not able to keep up with even those cases which receive substantial sentences. It is not enough for them to pass on those who are labeled as sex offenders. We receive 18,000 sentenced prisoners each year at Riker's Island and the psychiatric service must do its best to keep its eyes on as many of this vast horde of human beings as possible. In the 1938 budget we have been allowed a psychiatrist and two senior psychologists in order that we may pay especial attention to the sex offenders to a greater degree than has been possible in the past. What we can accomplish remains to be seen. It is one thing to diagnose and another to treat. As we progress, we shall probably ask the magistrates to give indefinite workhouse sentences, which carry a maximum of two years, to many of the so-called petty offenders who now receive sentences of only a few days. This will enable us to study them more thoroughly, to accomplish something in the way of therapy, and to make arrangements with clinics and other agencies for attention to the prisoner after he is released. We shall probably be able to spot more of those who are insane, more of those who are mentally defective, and, on the other hand, those who may be responsive to treatment and can finally be safely released under proper conditions. I know, as you do, that many sex offenders are temporarily maladjusted in their sex life and can be straightened out; they are not chronically abnormal cases.

It may be asked why sex offenders are sent to city prisons and not to city hospitals. I naturally believe that the sex offender should be considered primarily as a medical case and only secondarily as a penal or correctional one. It is unfortunate that a bewildered person who is sexually immature and who repeatedly commits acts of exhibitionism for which he afterwards suffers the deepest remorse should have to bear the mark of the prison on his record. But we have to face the facts as they are. I do not know what Dr. Bowman, of Bellevue, who follows me on this program, is going to say about the situation, but our desire to hospitalize rather

than to imprison sex offenders runs us bump into the fact that there is not room enough in the hospitals for them.

The ideal method would be to put all cases under observation in a hospital well-staffed with competent psychiatrists and to secure a psychiatric diagnosis, at least, before the case is settled in court. We do this in cases that come before the Court of General Sessions, but the city lacks the facilities for doing it with all the cases which the Court of Special Sessions and the magistrates' courts must handle. It is certain that there is not room enough at Bellevue or in any other New York City hospital for all those who should go there and remain long enough to insure an adequate diagnosis.

Since the sex offenders cannot be hospitalized long enough to insure effective treatment, the next best thing is to do what we can during the prison term and to extend that term, if necessary. At Riker's Island we have one of the best prison hospitals in the world and a medical service equaled only by that of the federal prisons. We have a social-investigation unit, a classification clinic staffed by trained men, and other facilities needed for a thorough study of the offender. If substantial additions could be made to our psychiatric staff, we could do many of the things that one expects of hospitals or clinics. Mayor LaGuardia is deeply interested in the problem and we shall have his backing in future developments.

At the present time, acting under orders issued by the mayor last August, we are taking every sex offender, except the homosexuals, before a magistrate when he is released from Riker's Island and are having him committed to Bellevue for observation. As we all expected, after a period of observation it is necessary to release most of them, as they cannot usually be declared insane and committed to a state hospital. There is much value in the plan, however, and we in the Department of Correction are glad that the psychiatrists at Bellevue have an opportunity to look each of these men over, even if it is only a hasty examination. It would be worth doing if only one potential child murderer a year were spotted in the throng of so-called petty offenders. In the case of three of our worst sex murderers in recent years, for example, revealing signs might have been noted during even the shortest period. Albert Fish was a masochist who,

as the X-ray revealed, had thrust a large number of needles into his body. That telltale warning sign might have been picked up by an X-ray and followed up by a psychiatrist years before Albert Fish committed the rape and murder for which he was executed. Ossido, as I have said, had paresis, but he had never been given a spinal puncture. If he had been given one in the days when he was considered a petty offender, he might never have been free to murder a child. Similarly, the history of insanity in the family of Lawrence Marks might have served as a danger signal in his case years ago.

But the offenders I have been discussing, as I have said before, constitute only a small percentage of those who commit sex offenses. What can we do about the problem as a whole? Do we need new legislation? I doubt if that is the answer. Some day I think we should pass sterilization and castration laws similar to those which are now in force in a number of European countries. In a forthcoming issue of the *Journal of Criminal Law and Criminology*, Dr. Marie Kopp has an excellent article describing these laws. I do not believe New York is ready for such legislation as yet, however, for the public knows very little about the subject, and even a great many public officials have such naïve ideas as that sterilization destroys the sexual urge. If there is to be any new legislation, it should perhaps be of the type that would make possible a broader definition of insanity and that would provide the hospitals and other facilities needed to care for the sex offender who cannot now be called insane.

Can the number of sex crimes be cut down by increased police activity? Assuredly yes, but the New York City police force is not large enough, and never will be, to control all the cellars, back yards, vacant lots, and other places where such offenses can be committed. The police are alive to these problems and would make many more arrests if people were intelligent enough and courageous enough to report to them things that are very often common neighborhood knowledge. It is not enough for parents and school-teachers to warn children not to talk to strange men. Many of the offenders are not strange men, but are well known in the neighborhoods where they live and know the children by their first names. It is possible, furthermore, that continual

emphasis on not talking to strange adults throughout a child's early years might in some cases produce a complex that would cause the child himself to become a sex offender in later life.

No matter what we may do to prevent the commission of actual sex offenses, we must face the fact that the roots of the problem lie deep in some of the least known elements of human behavior. It is sex with which you are dealing—sex in its abnormalities rather than in its normal expression and in its aberrations rather than in its natural course. Until the attitude of the people as a whole toward sex is more rational, until it can be discussed more frankly and more intelligently, until people realize more fully what damage repressions and complexes and maladjustments can do to a normal human mind, and until we approach the problem with sustained intelligence rather than in bursts of occasional hysteria, we must expect sex offenses to constitute a major problem for society.

### PSYCHIATRIC ASPECTS OF THE PROBLEM

KARL M. BOWMAN, M.D.

*Director, Psychiatric Division, Bellevue Hospital, New York City*

**I**N twenty minutes, it is manifestly impossible to give anything like complete understanding of the problem of the sex offender. It may be possible, however, to take stock of our knowledge of this subject, to point out what is known and what is not, to show in what ways psychiatry can help in solving this problem, and to suggest lines for further psychiatric study of the subject.

In any scientific discussion of a problem, it is generally agreed that we must have all the facts placed before us; that discussion must be free, unemotional, and logical; and that present views must be challenged and forced to justify themselves. There is probably no other subject about which there is so much misinformation as there is with regard to the one before us to-day; a definite conspiracy exists to prevent the presentation of the facts, and ignorance of them is considered a virtue. It is apparent, therefore, that this prob-

lem cannot and will not be solved except by the removal of the taboos against studying and discussing it openly. Any attempt by political, legal, or religious groups to prevent such study and discussion must be resisted.

Our past inefficiency in dealing with the problems of syphilis and gonorrhea has not been due to lack of knowledge of these diseases—how they were transmitted, how to cure them, or how to prevent them—as we have possessed this knowledge for a good many years. The taboos against dealing openly and honestly with the problem of sex, however, have prevented the stamping out of syphilis and gonorrhea. The word syphilis first appeared in the newspapers about three years ago. About two years ago, a leading radio program canceled a talk on syphilis. We can now discuss publicly the problem of syphilis, yet only within the last few weeks a member of the psychiatric staff at Bellevue was asked to discuss “Psychiatry and the Prevention of Sex Crimes” over the radio. When he submitted his speech, he was told, “Of course, you cannot use any sexual terms and the word ‘sex’ had better be avoided, too.” This reminds one of the well-known expression, “Hamlet without the Prince of Denmark.”

In the past, we have had comparatively little scientific work on this subject. So far as I know, there is only one institute for the study of sex in the world. I imagine that most universities would hesitate to accept an endowment for such an institute. We have had contributions of individual writers, like Krafft-Ebing, Forel, and Havelock Ellis. We have had the work of Freud and his extremely erudite and stimulating discussions of the nature of sex and its rôle in normal and abnormal behavior. We have a great deal of valuable work being done at the present time by psychiatrists throughout the world. Yet one can hardly present any interpretation of the problem and claim that it represents the views of psychiatry. This paper, therefore, merely presents my own conclusions as a result of my study of this complicated subject.

If we are to understand the sex criminal and how to deal with him intelligently, we must first establish certain fundamental points concerning sex. The sex life of the individual is merely one aspect of his total personality and is closely



interwoven with all the other aspects of his personality. Any attempt to study sex behavior as an isolated phenomenon, apart from the personality of the individual and the culture in which he lives, can be of little value.

Any student of this problem is at once struck by the fact that there is no general agreement as to what constitutes normal sex behavior. Different cultures have entirely different standards and customs. Perhaps the most valuable contributions in this field come from studies made by cultural anthropologists. While Freud may be credited with shattering the myth of the child as being asexual, our most reliable and valuable studies have come from anthropologists like Malinowski, who have actually observed what happens in the sexual development of children where society imposes no restrictions.

Malinowski gives us an excellent description of the sex life of children in the Trobriand Islands in northwestern Melanesia. He points out that children are not directed and disciplined as in our Western culture. "A simple command, implying the expectation of natural obedience, is never heard from parent to child. . . ." The parents view with indifference any sexual behavior on the part of the child. Under such conditions we have an ideal set-up for determining the natural sexual development and behavior of the child. Malinowski finds that active sex behavior starts at a very early age and actual intercourse occurs at about six or eight years of age in girls and ten or twelve years of age in boys. Other anthropologists, studying this same problem under similar conditions, have come to very similar conclusions.

We may conclude, therefore, that evidence from anthropologists and psychiatrists emphasizes that the small child is not asexual, and that sexual behavior will occur normally unless prevented. This point, I think, is fundamental in any attempt to understand and deal with sex problems of any sort.

Largely on the research of cultural anthropologists, several further observations have been made that seem worth noting. It is a common opinion that all primitive cultures put few restrictions upon sex behavior, and that the more civilized and cultured a people are, the more repression there is concerning sex behavior. This is not true. Many primitive tribes have elaborate taboos concerning sex, and impose



greater regulation of the sex instinct than do the majority of the more highly civilized cultures. Furthermore, there is a great deal of variation in the types of restriction imposed by the highly organized cultures.

In general, it may be said that the overt sex behavior of the majority of people depends on the cultural attitude of the society to which they belong. The majority of human beings are sufficiently plastic to adapt themselves to a great number of variations of cultural restrictions. Those who cannot conform represent a rather separate group which merits special psychiatric study.

A study of adolescent girls in Samoa shows that there are practically no taboos on indulging freely in heterosexual relations. Accordingly, young girls there lead a very unrepressed sex life. If the same girl, from the time of birth, had been brought up in a very repressive culture, there would unquestionably be a very different attitude toward sex, and the overt sex behavior of the individual would be different. Also, there is no reason to doubt that if young girls of our American culture had been brought up in Samoa under the standards described by Margaret Mead, their sex attitude and sex behavior would be essentially the same as those of the Samoan girls.

The cultural attitude of our American civilization is essentially one of repression, and it contains many contradictions. Also, about many problems there is no universally accepted attitude. I should like to point out that every culture always thinks of itself as being the highest type and appears unwilling to see the desirable features of other cultures which are different from its own. When one starts to criticize our own attitudes, a great deal of resistance and resentment is evoked. The following points, however, do seem worth mentioning.

We have, in our American culture, the general attitude that the child is asexual, that any sex behavior on the part of the child is necessarily the fault of some one else, and that the child is always an unwilling victim in any sex episode. This is not true. In some cases, the child is the aggressor. As an example, I might cite the case of an eleven-year-old girl who seduced an old man considerably deteriorated from general paresis, and infected him with gonorrhea.

We have many amusing contradictions in our own culture.

Exhibitionists and "peeping Toms" are looked upon as terrible sex criminals, yet many of those who are so upset at such types of sex criminal will go to night clubs and spend large sums of money to see nude or almost nude women dancing about in a very suggestive fashion. These same persons become very much excited, however, if some individual happens to be caught peering through a window while a girl is undressing.

The difference in our cultural attitudes toward boys and girls is also of considerable interest. If one studies girls placed in reformatories and correctional institutions, one is at once struck by the large number who are sent there because of sex behavior. On the other hand, a study of boys in similar institutions shows nothing like such a high percentage of sex offenders. This has led to many wrong ideas. For example, there are many who consider the feeble-minded girl as oversexed, and the feeble-minded boy as undersexed. Actually, the point is that society becomes tremendously upset and wishes to segregate the sexually promiscuous girl, while the sexually promiscuous boy is thought to be merely "sowing his wild oats." Our culture is tremendously concerned with protecting girls from sexual advances by men, but is comparatively unconcerned about protecting boys from sex advances by older women.

The question of birth control shows that our cultural attitude is not entirely fixed and that different views are held by different groups on the subject. We find one religious group insisting that the use of contraceptive measures in any sexual relationship is abnormal, whereas certain other religious groups maintain that the sex relationship between man and wife is normal, natural, and to be encouraged, and that it is perfectly proper under certain circumstances to prevent conception. Here, then, in our own culture, is a particular type of sex behavior which is considered abnormal and perverse by one group, and normal and natural by another.

Recently there has been some difficulty in Massachusetts, where a properly constituted birth-control clinic, staffed by reputable physicians, has been giving advice to married women. The lower court has found these doctors guilty of violating the law, and they will be regarded by some as sex criminals, while by others they will be regarded as martyrs.

Illustrations such as this show how difficult it is to come to any fundamental agreement as to what constitutes normal sex behavior. As I said before, our cultural attitude toward sex is generally one of extreme repression, and toward no other instinct or drive of the personality are such extreme repression and control maintained. This being the case, we find that unstable persons very frequently have great difficulty in adjusting to the conventional demands of society in the matter of sex behavior. Every psychiatrist is familiar with the fact that in practically every neurotic individual there exists a deep-rooted sexual problem. The other half of the story, however, is that there is a deep-rooted sexual problem in most normal persons, but that the individual is able to carry on in spite of this. We do not find that the neurotic necessarily has any greater sex problem than the normal individual. Often he is merely unable to adapt himself so well to the stresses and strains imposed by such a problem. While helping to solve his sex problems may help him to get into a more normal condition, it is not fair to attach the whole responsibility for the breakdown to the sex problem.

With regard to other instincts, such as the nutritive instinct, we allow considerable freedom of expression. The nutritive instinct is designed to preserve the individual. We are hungry and we eat. On the other hand, few people eat merely to satisfy the needs of the body, although a few who are overweight may carefully repress their nutritive instinct and avoid eating as much as they would like. Generally, however, society concedes that it is proper and healthy to make a pleasant ceremonial out of eating. We do not want an individual to be a glutton, but a healthy appetite and enjoyment of one's food are regarded as signs of a healthy, normal individual.

Toward another equally strong instinct—sex—we have developed an entirely different attitude. We have brought children up with the attitude that any appearance of sex is indecent and is to be punished—in fact, that they must not even talk about the subject of sex. This extreme attitude has been fostered to a very considerable extent by the Christian religion, which has definitely given the impression that any sex expression is undesirable. Saint Paul said that it was better to marry than to burn, but the intimation is that it isn't very much better.

We need to keep in mind the great individual variations in all of us. As one writer has said, "No two races, no two tribes, no two individuals ever think, breathe, or cohabit alike."<sup>1</sup> The psychiatrist has constantly insisted on the fact that every individual is different from every other individual and that such differences apply to the sex make-up. Most students of this problem feel that women probably show a greater variation in the organization of the sex life than do men. It is probable that frigidity is much more frequent in women, and probably the other extreme as well, whereas men are much more alike. Here one is always confronted by the contradiction between overt behavior and repressed tendencies. Many persons who have strong sex drives may lead an absolutely continent life, whereas other individuals with little sex drive may lead comparatively unrepressed sex lives. Oftentimes sexual behavior may be a means to an end. Psychiatrists are all familiar with the problem of the girl who is extremely promiscuous sexually, but absolutely frigid. Where sex behavior is carried out in order to achieve something else—money, companionship, or other types of pleasure—the very fact that the sex relationship has so little emotional meaning to the individual may be one reason for his being unrepressed.

When we try to study such problems as homosexuality, we find ourselves lost at once in a tremendous mass of contradictory studies, and the problem seems to become hopelessly involved. There are certain points of interest here, however. As Heape puts it, "there is no such thing as a pure male or female animal; . . . all animals contain the elements of both sexes in some degree." The female sex hormone is found in men, and the male sex hormone in women. Zondek points out: "Paradoxical though it may appear, the testicle of the stallion contains over 500 times as much female hormone as the ovary of the sexually matured mare." Certainly no one would think of the stallion as homosexual. Certain studies have led to the claim that the basis of homosexuality is an actual alteration of the secretions of the sex glands themselves. We know that in the development of many lower animals, and even after they reach adult life, essential changes in the sex life have been made by the removal of the sex glands and the

<sup>1</sup> See *Sexual Relations of Mankind*, by Paolo Mantegazza. New York: The Falstaff Press, 1932.



transplantation of glands of the opposite sex, or by the feeding of extracts of them.

The theory that there is a difference between the secretions of the sex glands of the homosexual and those of the normal individual does not appear to be generally accepted, although this is obviously one type of approach which seems very interesting, and which merits further investigation. We have even the report of a case of homosexuality cured by the transplantation of the testicle of a normal man. Here, again, most of us are skeptical. The suggestive value of such treatment, the great desire of the recipient to be changed, may lead to claims of cure which are not really valid. However, we are forced to admit that the problem of abnormal sex behavior should be studied from the standpoint of the glands of internal secretion, and that it is conceivable that by their use we may be able to cure many pronounced cases of sexual abnormality. We must admit, also, that there is no satisfactory evidence that altered glandular secretions are the basis of so-called sex "perversion" and homosexuality.

We know, of course, that if castration occurs before puberty, the individual does not develop the normal secondary sex characteristics, and there is a lack of the normal sex drive. After puberty, however, castration may have comparatively little effect on the sex capacities of the individual, although it will prevent procreation. Women whose ovaries have been removed may sustain no loss of sex drive or capacity to enjoy sexual relationships. Also, contrary to general belief, eunuchs may often retain their capacity to carry out and enjoy the sex relationship. Castration has been urged as a punishment for sex criminals. In view of what has just been said, it would seem that this would not completely abolish the sex drive in adults, and would probably make the individual more abnormal and unstable. As a form of treatment, therefore, castration appears to have little value.

Leaving the problem of the endocrines as something requiring much more study, we come to certain other questions. We have said that no person is completely male or female. We may go further and say that with regard to the so-called "mental" side of the personality, our criteria for masculine and feminine traits are notoriously unsatisfactory. What has happened is that our culture has decided that certain traits

are masculine or feminine, and people govern themselves accordingly. Aggressiveness is considered a masculine trait, so a man has to affect this quality whether he has it or not, in order to conform to the cultural standards. Women must suppress their aggressive traits, or bring them out in masked fashion, something that women are quite capable of doing.

Margaret Mead, in an interesting book entitled *Sex and Temperament*, has shown how aggressiveness and passivity are not linked up with the sex of the individual. In one culture, that of the Arapesh, she finds a very passive attitude on the part of both males and females, with no distinction between the two. In a second group, the Mundugumor, she finds that both males and females are extremely aggressive. In a third culture, that of the Tchambuli, she finds that the females are aggressive and dominating while the males are passive and particularly interested in dancing and artistic pursuits. She also points out that there are various cultures in which one can find almost any combination of masculinity or femininity, or aggressiveness and passivity. She concludes that "many, if not all, of the personality traits which we have called masculine or feminine are as lightly linked to sex as are the clothing, the manners, and the form of headdress that a society at a given period assigns to either sex. . . . We are forced to conclude that human nature is almost unbelievably malleable, responding accurately and contrastingly to contrasting cultural conditions."

If we try to understand the causes of sexual maladjustments, we find that they depend on three things: the constitutional make-up of the individual (both physical and mental), the culture in which he lives, and special conditioning experiences which may produce special attitudes and sensitivities.

If a person has the qualities that our culture assigns to the opposite sex, he may have considerable conflict and feeling of inferiority. He may overcompensate. A man of rather passive make-up may outwardly appear very aggressive. A homosexual may indulge openly in heterosexual relations in order to prevent others from suspecting his real personality. A notorious murderer told me that he could have heterosexual relations only by phantasying that he was having relations with a boy. Here we see that the effect of the culture in which he lived caused him to indulge in a type of sex



behavior that was repulsive to him in order to conform to the conventional views of his associates.

The views of Freud emphasize two points. The first is that the sex life passes through a number of stages, and that the final and healthy adult stage is heterosexual. The newborn child is polymorphous perverse, and at another stage of his development he is homosexual. There may be a failure of the developmental process, so that the individual never reaches the adult heterosexual stage, or the individual may regress. This explains why perversions and homosexuality are referred to as infantile or childish levels of behavior. The second point is that conditioning experiences may produce alterations of the sex life, causing arrests of development or regressions.

We have spent most of our time on fundamental concepts. We may now sum up our conclusions, adding certain other points which lack of time has prevented our discussing.

The taboos against free study and discussion of the sex problem must be abolished.

Sex is only one aspect of the total personality, and can never be studied apart from the rest of the personality.

There is no close correlation between the level of a culture and the amount of sex repression required.

Our own culture is very repressive, inconsistent, and divided on some phases of the subject.

Such a cultural attitude makes for greater conflict and difficulty in adjustment of the sex instinct.

The sex behavior of most persons depends largely on cultural attitudes.

There is no common agreement as to what constitutes normal sex behavior.

Children are not asexual, but may be repressed.

The lack of sex behavior in a child ordinarily is due to repression, not to a lack of sexuality.

Incest and sex experiences between children and adults are infinitely more common than is generally thought to be the case.

The harmful effects of sex experiences in childhood are psychological and will vary according to cultural standards.

The feeble-minded as a group are no more likely to commit sex offenses than persons of normal or superior intelligence.

Society has, however, accepted the idea of permanent segregation for feeble-minded sex criminals. It still lacks any method of dealing adequately with those of normal or superior intelligence.

Definite psychoses account for only a small group of sex crimes. We can mention specifically personality changes following epidemic encephalitis, in which there is often increased sex drive and lack of inhibition; certain epileptic furors and confused states with violent sexual assaults; a general increase in sex drives with a lack of inhibition in manic excitements; certain bizarre and peculiar sex crimes in schizophrenia; and certain crude sex assaults in general paresis and other organic brain diseases.

The majority of revolting sex crimes are committed by persons who are not legally insane, and who could not have been committed to mental hospitals even if they had been examined shortly before such crimes occurred.

Simply passing more laws or making penalties more severe will not solve the problem.

The public is demanding some simple, easy formula for dealing with this problem. No such formula exists. The problem is exceedingly complicated. More study and research are needed. The methods of psychiatry offer the best opportunities for study and the acquisition of further knowledge in this field.

## LEGAL AND ADMINISTRATIVE PROBLEMS

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**A** PHENOMENON, altogether too familiar, which is frequently observed during the popular furors commonly known as crime waves, and which is being noted in certain circles at the present time in connection with the alleged increase in frequency of the so-called sex offenses, is the vociferous demand for the immediate passage of new and stringent laws. Not infrequently, however, the advocates of this supposed panacea manifest a lack of acquaintance with pertinent laws that already exist. During the past few months a demand for mental examinations of sex offenders has been

voiced, and it might be well to inquire whether further laws are necessary to bring this about. Perhaps a little healthy skepticism may be expressed as to whether there really is a "wave" of "sex crimes" elsewhere than in the headlines; the crime statistics available do not furnish conclusive proof that such a "wave" is in progress. The enactment of laws relating to offenders is rather commonly conditioned emotionally instead of by a calm study of the needs of the situation, and when the excitement passes off, laws that have been enacted under its pressure fall into disuse and become rusty. Another wave of excitement comes along and further cogs are added to the machinery, so that it is indeed small wonder that the whole jumble of gears fails to function efficiently.

From what has been said by the other speakers, it seems clear that a fair proportion of the persons who commit sexual crimes against children, and similar crimes against adults accompanied by violence, are to a measurable degree pathological in a psychiatric sense, and there is accordingly no room for doubt that it is the part of wisdom to have these offenders examined psychiatrically at least before disposition, if not indeed before trial. Except in perhaps two jurisdictions in this country, the right of the court to call for mental examinations of defendants is undoubted, and in at least the larger cities the necessary personnel is available. It only remains, therefore, for the judge to be impressed with the desirability of knowing something about the human material with which he is dealing.

An example of the neglect of existing laws may be cited. In a nearby state the judge of any court, civil or criminal, may request the department of mental diseases to examine "any person coming before the court," such examination being made without charge. Yet in a recent year, when 173,000 criminal cases were started in the district courts and over 37,000 in the superior courts, only 34 such requests for examination were addressed to the department! It is clear that what is needed here is not more law, but more interest on the part of the judges in employing helpful procedures that are at present legally permissible.

Although we are speaking particularly of the sex offender, the same principles hold with regard to many other types of transgressor. The New York City Court of General Sessions

is perhaps the only court of general jurisdiction in the country that has before it a psychiatric report in all felony cases before disposition. Such a procedure is unquestionably sound, and it is interesting to note that in 1929 the American Bar Association adopted resolutions advocating this procedure, and advocating likewise a psychiatric examination before parole. In spite of the fact that the Bar Association went on record in this progressive manner, the procedure is still by far the exception rather than the rule. The desirability of a routine examination, as against an examination only of defendants in whose cases the defense of insanity is pleaded, should not call for extended comment. There is, of course, no assurance that an abnormal mental condition will be called to the attention of the court if its recognition has to depend on the psychiatric acumen of a non-medical person, as, for example, the lawyer for the defense.

The Briggs Law of Massachusetts embodies this principle of routine examination, providing for it before trial. This is ideally the time at which such examination should be made, since in no inconsiderable number of cases the expense of a trial has been saved by the recognition of mental disease in the defendant. Those accused persons who fall into certain legal categories (indicted for a capital offense, indicted or bound over and previously convicted of a felony, and so forth) are automatically referred to the department of mental diseases for examination before trial. The latest available figures, covering fourteen years' operation of the law, indicate that 14.7 per cent of the more than 5,000 defendants examined were found to be definitely or suggestively abnormal mentally. Here is a law which has been in successful operation and which has over and over demonstrated its value for a period of sixteen years, yet such is the tendency of the legal mind to shy at anything strange that when a similar provision was incorporated in a model expert-testimony bill drafted by Dean Harno, of the University of Illinois, and submitted to the Commissioners on Uniform State Laws, it was omitted from the bill finally recommended by the commissioners as too "revolutionary"! This example indicates the tremendous inertia that must be overcome if a more rational and scientific manner of dealing with offenders is to be brought into effect.

Another difficulty in dealing with the mentally pathological



offender is that, although in a considerable number of cases psychiatrists would agree that a defendant is mentally abnormal, his abnormality is not of such a degree or kind as to be recognized by the law as calling for specialized treatment. The laws of the several states are in general agreement in providing for the segregation in special institutions of those offenders denominated as "insane," and two states—namely, New York and Massachusetts—have special provisions for the truly indeterminate commitment of the so-called defective delinquent—that is, the offender who is definitely a mental defective. No state in this country, however, and only one or two European countries, have special provisions relating to the offender suffering from what is generally known as "psychopathic personality." It is this group that constitutes a considerable proportion of the so-called sex offenders and which not improbably makes up a fair percentage of the total criminal population. It seems safe to say, however, that before the law can be expected to recognize this group as calling for specialized treatment, it will be necessary for psychiatrists to come to a better agreement on the delimitation of the group. The statistics that have been published by psychiatric clinics in courts and correctional institutions show such wide discrepancies that it seems likely the basal difficulty is in the criteria of diagnosis. For the present, at least, we must look to the correctional institutions for the prolonged segregation of the psychopathic and persistent offender.

The so-called indeterminate sentence is such only in name; in too many places it has become routinized, and furthermore has usually a rather short upper limit, so that the public is led to believe, when an indeterminate sentence is imposed, that the offender will be confined for a long time, whereas he is all too often set at liberty within two or three years. Judges should be given even wider latitude than they now have relative to the length of the period of confinement to be imposed, and they should be governed to a considerable extent in their disposition by official psychiatric reports relative to the offender's mental state. Parole boards, instead of concerning themselves primarily with such statistical details as the proportion of sentence served, might do well if they paid more attention to the mental make-up of the convict whose parole is being considered. The name of the offense is quite inci-

dental to the psychiatrist; the mental mechanisms that brought about the offense and the circumstances under which it was committed are far more important. A considerable number of correctional institutions to-day have psychiatric services, and there is no reason why parole boards should not have available competent and reliable information of a psychiatric nature.

Such are a few of the thoughts that come to mind in considering the proper disposition of the sex offender. Progress is not impossible, and some progress has been made. Considerable improvement could be brought about in dealing with the problem of the sex offender if existing laws were given a fair trial. Adequate mental examination before disposition and the establishment of court clinics for this purpose, the employment of psychiatrists in correctional institutions, and a consideration of their findings by parole boards do not call for legislation. Eventual changes in the laws relating to the indeterminate sentence and the establishment of a "treatment tribunal" may be found to be desirable, but no one should deceive himself that he is helping to solve the crime problem by joining the hue and cry for new laws, which may be passed without study at the behest of popular clamor, only to be promptly forgotten.



## PRESENT PROBLEMS OF MENTAL HEALTH IN RUSSIA \*

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RUSSIA is a land of contrasts and contradictions; the contrasts are in Russia—the contradictions are in America. American reporters of Russian conditions introduce a measure of subjectivity wholly disproportionate to that evidenced by the Soviet citizenry. Russia abounds in realists who are endeavoring to attain an ideal; America has large numbers of idealists who seek reality in their own phantasies. Russians face their problems regardless of difficulty, possibly not always so rapidly as their friends might wish, although rarely as slowly as their enemies might desire.

In my travels in Russia, from Leningrad down to the Black Sea, I met many workers in the neuropsychiatric field who were generous with their time, liberal with their courtesy, and most willing in their discussion and interpretation of current practices and goals. They afforded me every opportunity to inspect their institutions and supplied me with printed documents, to which I am indebted for the factual material that I present to-day. I am grateful to Dr. Jacob Shatsky, the genial librarian of the Psychiatric Institute of New York, for translating this Russian material for me.

In discussing present problems of mental health in Russia, I shall endeavor to be objective. I am not here to present my opinions on the political organization of Russia. One need not admire a hen to enjoy an egg. Frequently much time is lost in rationalization concerning the Russian experiment, which must be regarded as socialistic, since actual communism does not exist there.

When possible, the scientist evaluates achievements and failures in terms of statistical data, without accusation or defense determined by political or social opinions. Basic

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figures are not always available for comparison to show what has been accomplished in Russia. This is not a reflection upon the present government, but reveals a weakness that existed prior to the revolution of 1917. One may admire an egg, its form, its size, its color, but it requires candling to determine whether it is fertile or infertile, whether it is likely to develop or to manifest deteriorative changes. I propose to do a little candling, not upon a single egg, but upon a number of them, and both the candle and the eggs have Russian sources.

No one has been more generally quoted concerning mental hygiene in Russia than the late Dr. Frankwood E. Williams. His interesting volume, *Russia, Youth, and the Present-day World*, published in 1933, has served as a mental stimulus to multitudes of challenged readers. In his preface, Dr. Williams asks: "What is one to believe? For every favorable statement, one can find, from an apparently equally authoritative person, an unfavorable statement."

Maurice Hindus has presented a succession of excellent descriptions of the concrete development of the Soviets, and has suggested their influence upon the psychology of citizenry and personality growth. In *The Great Offensive*, also published in 1933, he presents views which are definitely contradictory to those of Dr. Williams. The extent of their differences may be illustrated by the following contradictions. Incidentally, I may say that in the light of developments since 1932-33, many of the data presented by both writers lack validity for present-day judgments.

Dr. Williams writes, "Of one thing Russia cannot be accused and that is lack of alertness in spotting a problem"; while Mr. Hindus comments, "I have a feeling that the greatest failing of the communist organization, in spite of its oneness of purpose and rigorous discipline, is its callous insensitiveness to evils and errors at their inception."

Dr. Williams: "If, from what I have said, it would appear that Russia is a place where all problems of human relationships have been solved, where there exists no nervous or mental disease, no delinquency, no marital difficulties, no child-parent difficulties, no adolescent problems, no maladjusted school children, one should disabuse oneself of any such ideas

at once. What I can say is this—that each of these is a problem of major importance in the United States to-day, and that we have made little or no impressions upon them in twenty years of mental-hygiene work; that these same problems in Russia either are not major social problems or that a deep impression has been made upon them, and there is evidence of a recession. And this in much less than twenty years.”

Mr. Hindus: “Marriage may not mean much to her, but love most assuredly does, as one quickly discovers when he comes to know any group of young Russians. Be they college students or factory hands, there will be found among them the same turmoil over love affairs that besets youth everywhere—indeed perhaps even more, since in Russia, every one involved, especially the girl, takes these affairs so much more seriously.”

Dr. Williams: “The mental hygiene in all this—the best in the world—is security, present and future; purpose, sense of belonging, sense of being needed, sense of personal worth, and value as a human being; confidence in herself, in others, and in the joint activity; consciousness of opportunity, freedom from fear.” Whereas Mr. Hindus: “A cleansing is an ordeal which no communist, however pure and righteous, enjoys. It involves a full and frank unfolding of one’s past, one’s origin, one’s sins, one’s deeds and one’s hopes, one’s ambitions. The confession is followed by a rigid cross-examination, not only by the presiding council, but by the people at the meeting, which is thrown open to every one who cares to come. It is the one place and only time at which the individual communist, however puffed up with self-importance, becomes humble and anxious. If he has a guilty conscience, he trembles with fear lest some one in the audience, foe or friend, rise to hurl accusations of misdeeds at him.” Fear is more significant in Russia to-day than in 1933. Mr. Hindus does not hesitate to add, “He also has a sense of sin. He does not use the word excepting in jest, but the feeling he has of wrongdoing partakes of the nature of a religious man’s feelings of sin.”

Dr. Williams refers to individual responsibility: “The responsibility is not in a sense a personal one—that he must

be personally ambitious and get to the top of the heap—but a responsibility for the group. Joined with others, he helps his group get on; that group in turn, joined with other groups, helps all get on. All are definitely going somewhere and they know where. The individual does not have to worry about his individuality, his personality, even his freedom." Mr. Hindus, however, states: "A highly regimented individual, the new man in Russia brims over with a body of prejudices and dogmas all his own. How violently he can hate and how cruelly he can punish!" He is "a robust personage, with an aim and a mission and a mentality all his own, a product of a new idea and a symbol of a new society." Hindus does not hesitate to add that this new man, "like every one else, craves the approval of his fellows; he likes to see his name written in the honor roll for good service. For the same reason he is willing to work for promotion. The desire for distinction, for power, above all, for achievement, are all primal forces which have lost none of their power to drive men forward. . . . In the light of Russian experience, these natural objectives loom up as the most real and powerful stimuli in human behavior."

Let me quote two statements that present facts contradict. Mr. Hindus writes: "The sworn enemy of individual accumulation, and bent on its destruction, he has nothing but contempt for a religion which extends a welcome to the wealthy and the needy alike. The time for toleration will come, he says, when his new system of society is established, and man has attained a classless society, but to-day, while the battle is still on to insure its realization, Christian toleration seems to him to be tantamount to social and political suicide." In another place he states that "with the coming of the Five-year Plan and the leftward swing of the Revolution, their hostility to Protestantism was bound to grow, for, from their standpoint, it had now become one of the chief counter-revolutionary forces in the country." To-day individual accumulation is being fostered and the new constitution guarantees reasonable religious freedom. Toleration is at hand before a classless society has been attained.

More striking, from the standpoint of our discussion to-day, are some statements by Dr. Williams. He asserts: "Delin-



quency to-day, neither juvenile nor adult, is a grave problem in Russia. I believe it can be stated that delinquency in our sense is not a major problem in Russia. Even political crime, counter-revolutionary efforts by representatives of what is left of old Russia, gives less concern, although the government remains alert." And again, "The rate of incidence of nervous and mental disease in Russia is falling. At least there is evidence that warrants the belief that this may be so. It is too early yet for figures." "The beds are ready—but they are in large part unoccupied. The wards are operating far below their capacity." "But how can we obtain this spiritual freedom that will make a social freedom possible? Shall we look to the psychiatrist? It has been our method. Were there a thousand able psychiatrists for every one that now exists we should not touch the situation. . . . Individual clinical methods as a method of social prophylaxis will go with its civilization. Only a hygiene of society itself will meet the situation."

What is the present truth of these four statements? Delinquency increased so markedly that on April 7, 1935, the entire Russian attitude toward the problem was changed; while alleged counter-revolutionary efforts have caused considerable concern, as evidenced in the continuity of liquidating purges. Figures are now available to indicate that much nervous and mental disease exists in Russia. Whether there is a rising or a falling rate cannot be determined because the enumeration of first admissions during the active development of sound psychiatric service does not constitute evidence of a rise in the incidence of the diseases for which hospitalization is provided. To-day insufficient beds are ready, as the mental hospitals are now filled 25 per cent above normal capacity.

While undoubtedly there is a tremendous increase in the hygiene of society and a splendid socialization of the new psychiatric approach, Russia is making every effort to increase its number of psychiatrists in order to employ to a greater degree the methodology that obtains in this country. The new economic order has not eliminated the need of psychiatry for the individual.

First, I present the figures found in *Psychiatric Hospitals*



of the R.S.F.S.R.<sup>1</sup> in 1935, edited by the State Institute for Neuropsychiatric Prophylaxis. The editor, Dr. V. A. Vnukov, states that the book is not complete because of a lack of comparative data. I shall not criticize the data in terms of inadequacy, nor emphasize, in any accusatory sense, the shortcomings of statistics that are presented in a first effort to establish basic figures. I shall merely offer facts which the Russian compilers found to exist in their mental hospitals in 1935, just as Dr. Leon Truesdell, in his report, *Patients in Hospitals for Mental Disease, 1933*, presented the facts for this country. Whether the Russian figures represent an increase or a decrease of mental patients cannot be determined. They must be taken for what they are—the mathematical expression of facts which reveal that, in the last analysis, the mental-health problems of Russia are identical with those of the United States.

Whether one explains the existence of these problems as due to a hangover from a capitalistic régime, or attributes them to the failure of communistic concepts, is beside the point. No one can gainsay that the short lapse of time since the revolution, interrupted as it has been by civil strife, famine, and pestilence, has been too brief to permit judgment concerning multifactored causes. It is too early to predict what actual effects a completely socialized state might have upon human welfare. There is no evidence, however, to indicate that the broad social, humanitarian programs and the constructive economic policies of Russia have been successful in mitigating mental disorder. The report does reveal that the mental-health problem is being studied in its breadth and its depth, in order to establish a more intelligent understanding of the prophylactic and therapeutic foundations of sound mental hygiene.

On January 1, 1935, there were in Russia's psychiatric hospitals 30,958 patients. New admissions during the year amounted to 85,896<sup>2</sup>; discharges to 77,224 (the average stay of patients during the year was only 103.2 days); and deaths to 4,744.

On January 1, 1936, there were 34,886 patients in the hospitals.

<sup>1</sup> Russian Socialist Federal Soviet Republic.

<sup>2</sup> There is a statistical discrepancy between this figure and the totals on page 34.

In presenting figures from Dr. Truesdell's report, *Patients in Hospitals for Mental Diseases, 1933*, I am offering the data relating only to the patient population in state hospitals, because they are supported by public money. They account for 86 per cent of the patients on the books of all our mental hospitals at the beginning of the year 1933, and for 86.1 per cent of the patients on the books of all our mental hospitals at the close of the year 1933. It may be urged that patients in Veterans Administration hospitals, county and city hospitals, and private hospitals should be included in order to give an exact picture of the hospitalized mentally ill in the United States. In as much as Russia affords no analogous distinctions, I prefer to limit the contrasts to the figures for the public-supported psychiatric hospitals in Russia and the tax-supported state hospitals of the United States.

The contrast between the figures for Russia in 1935 and for the United States in 1933 indicates the results of the longer period of hospitalizing policy in this country. The fact is manifest, in that on January 1, 1933, there were in our state hospitals 321,824 hospitalized patients. Admissions during the year amounted to 92,375; discharges during the year, including transfers to other hospitals for mental diseases, were 49,340; and deaths were 25,517. At the end of the year there were 332,517 in the state hospitals. I have not included the number of patients on parole either at the beginning or at the end of the year, as figures of this kind are not included in the Russian tabulation. The figures clearly show how many more state-supported hospital beds for mental disorders are available in the United States than in Russia.

In Russia patients were discharged rapidly to their homes, but under the supervision of a district psychiatrist. This control is reflected in the large number of readmissions (33,012) during 1935, of which first readmissions numbered 21,474, or 65 per cent of the total.

In the United States, in 1933, the readmissions to state hospitals were only 17,039.

It is notable that among the endogenous psychoses in Russia, there were 17,717 readmissions for schizophrenia and 97 for paranoia, 3,791 for epileptics, and 755 for cyclothymic circular psychoses.

Among the organic psychoses there were 445 readmissions

for cerebral syphilis and 1,265 for progressive paralysis of the insane. Among the exogenic psychoses there were 815 readmissions for alcoholic psychoses. The total figures suggest a readmission rate of 39 per cent as compared with 24.5 per cent in the United States mental hospitals during 1933. The short duration of the stay in the hospital, with discharge to the home under psychiatric observation, probably accounts for the recurrent hospitalization. Incidentally, the schizophrenics were retained in the hospital for longer periods of time than any other classified group.

For purposes of study, I shall compare the absolute figures and the percentages of the new admissions to Russian psychiatric hospitals in 1935 with those of the first admissions to our own tax-supported state hospitals for mental disease in 1933.

Allowance must be made for differences in diagnostic terminology in the two countries. The classification of the United States does not happen to be that which is employed in Russia. Thus, Russia makes a separate classification for "encephalitis" and for other "infective psychoses," which are not included as separate in the statistical columns of our state hospitals. On the other hand, Russia does not segregate the following items which are found in the tabulations of our state hospitals: "Huntington's chorea," "with brain tumor," "with other brain or nervous disease," "with pellagra," "with other somatic diseases." In Russia, paranoia is not grouped separately, but at times is joined with schizophrenia. It is important to note that, in the Russian tabulation, where the word "mental deficiency" occurs, it refers to psychosis with mental deficiency. The term "epilepsy" means psychosis with epilepsy.

In the various tabulations I have omitted the United States' figures for conditions not paralleled in the Russian classification.

In the American report there is a general consistency of the tabulation of conditions "with psychosis," whereas in the Russian report there are occasionally modifications in the mode of setting up the tabulations. For the consideration of specific categories, I have occasionally employed merely parts

of classifications, sufficient to reveal contrasting trends. For this reason, in some tabulations twelve, and in others eighteen, diagnostic categories appear.

Some statistical tables emphasize the distribution of the various groups of mental illness rather than gross numbers. All percentage tables of distribution for disease or age consist of Russian data and the percentages for state hospitals as reported by Truesdell.

The rate of occurrence of various diseases in terms of population or age-group distribution would be highly useful, but such figures are not available. Even the figures for the state hospitals in the United States have not been established in terms of ratio to population for the specific mental disorders. If one were to assume the population of the Russian Republic in 1935 to have been approximately 105,000,000, the number of patients in the psychiatric hospitals at the end of the year would approximate 34 per 100,000 population, as compared with the figure 263.6 for the patients in our state hospitals on December 31, 1933. This statement obviously does not state, either for Russia or for the United States, the actual number of persons who should have been hospitalized for mental ailments. Such estimates afford little information concerning the actual prevalence of mental disorders, as becomes clear from the fact that the new-admission rate for Russia would approximate 85 per 100,000 population, whereas in the United States it would be nearer 60 per 100,000 population.

It may be urged by some that the Russian figures are not reliable. This is a matter with which I am not particularly concerned at the present moment, as I am using a government report obviously based upon good faith and scientific purpose, even though there are occasional unfortunate errors in the proof-reading of statistical tables. The data are offered as evidence of a Russian study of their problems of mental health.

With this interpretation of the statistical material, I present the absolute figures for new admissions to the Russian psychiatric hospitals in 1935 and for first admissions to the state hospitals for mental disease in the United States in 1933,

the figures that are significantly higher in one country than in the other being italicized:

	<i>New admissions to Russian psychiatric hospitals, 1935</i>		<i>First admissions to state mental hos- pitals in the United States, 1933</i>	
	Male	Female	Male	Female
Mental deficiency				
[with psychosis]. . . . .	1,706	976	1,313	1,019
Schizophrenia. . . . .	16,898	12,570	7,518	6,384
Epilepsy. . . . .	4,955	3,012	1,060	705
Cerebral arteriosclerosis. . . .	1,745	899	4,788	3,020
Involucional psychosis. . . . .	312	674	446	916
Senility. . . . .	636	865	3,392	2,862
Syphilis of the brain. . . . .	866	426	783	322
General paralysis. . . . .	1,830	709	4,563	1,298
Encephalitis. . . . .	723	407	....	....
Infective psychoses. . . . .	922	982	....	....
Alcoholic psychoses and				
narcomania. . . . .	12,065	777	2,994	437
Toxic psychoses. . . . .	169	115	175	163
Traumatic psychoses. . . . .	1,141	338	303	43
Manic-depressive psychoses. . .	1,471	1,424	4,020	4,917
Constitutional psychopathy. . .	2,641	1,683	612	318
Psychotic reaction. . . . .	3,163	2,805	....	....
Unclassified. . . . .	3,061	1,475	1,879	1,267
Totals. . . . .	54,304	30,137	36,462*	26,866*

\* Totals "with psychosis," although this tabulation omits 2,263 males and 2,681 females in classifications not paralleled in the Russian tabulation.

This tabulation shows that schizophrenia is a primary problem in Russia, along with alcoholic, epileptic, traumatic psychoses, constitutional psychopathy, psychotic reaction, and psychoses with mental deficiency. It shows also that more men than women were hospitalized for schizophrenia, epileptic, alcoholic, and traumatic psychoses, as is the case in this country. The figures for cerebral syphilis are about the same for both countries, but the figures for paresis are much lower in Russia than in the United States. The higher admission for cerebral arteriosclerosis and senility in America commands attention.

The percentage tabulation follows, the figures that are markedly higher in one country than in the other again italicized:



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	<i>Percentage of new admissions to Russian psychiatric hospitals, 1935</i>		<i>Percentage of first admissions to state mental hospitals in the United States, 1933</i>	
	Male	Female	Male	Female
Mental deficiency [with psychosis]	3.1	3.2	3.4	3.2
Schizophrenia. . . . .	31.1	41.7	18.3	22.5
Epilepsy. . . . .	9.1	10.0	2.6	2.6
Cerebral arteriosclerosis. . . . .	3.2	3.0	11.5	10.7
Involutional psychosis. . . . .	0.6	2.2	1.09	3.2
Senility. . . . .	1.2	2.9	8.2	10.1
Syphilis of the brain. . . . .	1.6	1.4	1.9	1.1
General paralysis. . . . .	3.4	2.3	11.1	4.6
Encephalitis. . . . .	1.3	1.3	...	...
Infective psychoses. . . . .	1.7	3.3	...	...
Alcoholic psychosis and narcomania	22.2	2.6	7.3	1.5
Toxic psychoses. . . . .	0.3	0.4	...	...
Traumatic psychoses. . . . .	2.1	1.1	0.7	0.15
Manic-depressive psychoses . . . . .	2.7	4.7	9.8	13.4
Constitutional psychopathy . . . . .	4.9	5.6	1.5	1.1
Psychotic reaction. . . . .	5.8	9.3	...	...
Unclassified. . . . .	5.7	5.0	4.5	4.5

I now present a comparison of the percentages of first admissions for the main psychoses to United States mental hospitals in 1933 with the percentages of new admissions for the same psychoses to the Russian psychiatric hospitals in 1935. These percentages, the numbers in parentheses indicating order of significance, suggest the different emphases demanded for mental hygiene in the United States and in Russia.

	<i>Percentage of first admissions to mental hospitals in the United States, 1933</i>	<i>Percentage of new admissions to Russian psychiatric hospitals, 1935</i>
Traumatic psychoses. . . . .	0.5	1.6
Senile psychoses. . . . .	8.5(4)	1.8
Cerebral arteriosclerosis . . . . .	9.3(3)	2.9
General paralysis. . . . .	7.6(5)	3.2
Cerebral syphilis. . . . .	1.6	1.5
Alcoholic. . . . .	4.9(6)	12.0(2)
Manic-depressive. . . . .	12.8(2)	3.2
Involution melancholia. . . . .	2.4	1.1
Schizophrenia. . . . .	18.8(1)	39.2(1)
Epileptic. . . . .	2.2	10.0(3)
Psychoneuroses and neuroses. . . . .	2.9	6.0(4)
Psychopathic personality . . . . .	1.3	4.5(5)
Mental deficiency [with psychosis]. . . . .	3.0	4.3(6)

The Russian problems exist in the rural as well as the urban areas. A comparison of some of the percentages for the Russian Republic with those for the Ukraine, while it does not show clearly the urban-rural differences, at least suggests some of the facts concerning the more rural republic, the Ukraine. The percentages in the tabulation that follows are of total patients in the psychiatric hospitals of the two republics according to a one-day census taken in March, 1933. Figures of special significance have been italicized.

*Percentages of various psychoses  
among total patients in psy-  
chiatric hospitals as of  
March, 1933*

	In Russian Republic	In Ukraine
Schizophrenia and paranoia.....	53.9	50.8
Epilepsy. ....	11.5	12.2
Manic-depressive. . . . .	2.3	5.4
Cerebral syphilis and general paralysis.....	5.2	4.4
Cerebral arteriosclerosis. . . . .	1.8	0.8
Senility. . . . .	3.3	3.9
Infectious psychoses. . . . .	0.7	0.6
Alcoholic psychosis and narcomania.....	2.0	2.1
Organic psychoses. . . . .	1.3	3.6
Oligophrenic. . . . .	8.7	10.8
Psychopathic. . . . .	1.4	1.2
Psychotic reaction. . . . .	3.1	2.0

The lower incidence of hospitalization for schizophrenia, cerebral syphilis and paresis, cerebral arteriosclerosis, infectious psychoses, and psychopathy in the more rural republic is in accordance with expectancy.

The figures also indicate trends that are in harmony with experience in the United States, though the greater urbanization of the United States makes comparisons difficult.

Another interesting comparison between the Russian Republic and the United States is in the matter of the age distribution of mental patients. The total number of cases in Russian psychiatric hospitals in 1935 was 105,745, while first admissions to state mental hospitals in the United States in 1933 numbered 69,368. The age distribution of these two groups was as follows:

<i>Age</i>	<i>Percentage of total patients in Russian psychiatric hospi- tals, 1935</i>	<i>Percentage of first admissions to state mental hospitals, in the United States, 1933</i>
Under 15. . . . .	4.52	0.7
16-19. . . . .	6.56	4.3
20-29. . . . .	33.10	17.1
30-39. . . . .	27.69	20.1
40-49. . . . .	16.05	19.3
50 and over. . . . .	9.39	37.7
Unknown. . . . .	2.69	1.7

In this comparison, allowance must be made for the difference between the two groups compared—i.e., total patients in Russia and first admissions in the United States—but this does not invalidate the fact disclosed: the youthfulness of the Russian patients as compared with those in the United States. As the revolution occurred twenty years ago, 11.08 per cent of the psychotics in Russian psychiatric hospitals in 1935 were born at or after the date of the revolution. Those who were at most ten years old when the revolution began provided 33.1 per cent of the mental patients in 1935. Only 9.39 per cent of the patients were over age fifty. In the United States the age factor is so pronounced that, while the modal age in Russia lies between twenty and twenty-nine years, in America it is fifty years and older. It is patent, therefore, either that psychoses in Russia are more prevalent among the younger generation, or that more attention is given to that group.

The problem in Russia is well illustrated by a distribution of the 1935 patients according to age and psychosis. The tabulation that follows (see page 38) gives the percentage representation of some of the more important types of mental disease among the males and females in each of the various age groups, the figures of special significance being italicized.

From this tabulation it appears that of the mental patients under fifteen years of age, 22.1 per cent of the males and 20.9 per cent of the females were epileptics; 43.5 per cent of the males and 44.7 per cent of the females were defectives with

## MENTAL HYGIENE

	Percentage in age group 0-14		Percentage in age group 15-19		Percentage in age group 20-49		Percentage in age group 50 and over	
	Male Female		Male Female		Male Female		Male Female	
Schizophrenia.....	8.1	6.6	40.6	40.6	60.5	62.6	24.3	30.6
Epilepsy. ....	22.1	20.9	22.0	20.7	10.4	11.3	5.0	4.8
Oligophrenia.....	43.5	44.7	22.1	21.2	5.0	6.8	2.1	3.4
Progressive								
paralysis. ....	....	0.2	0.2	0.6	5.5	2.5	10.7	3.0
Cerebral syphilis..	3.4	3.6	0.5	0.4	1.6	1.0	2.5	1.3
Alcoholic. ....	...	...	0.2	...	4.8	0.3	7.0	1.0
Manic-depressive ..	...	...	2.0	2.8	1.5	2.7	3.8	5.8
Cerebral								
arteriosclerosis ..	...	...	...	...	0.8	0.4	18.1	9.7
Psychopathy. ....	5.4	3.5	1.8	2.3	1.42	1.1	0.7	0.25

psychoses; and 3.4 per cent of the males and 3.6 per cent of the females had cerebral syphilis, which means a high degree of congenital syphilis.

In the group from fifteen to nineteen years of age, one finds that 40.6 per cent both of the males and of the females were schizophrenic; 2.0 per cent of the males and 2.8 per cent of the females were manic-depressives; 22.0 per cent of the males and 20.7 per cent of the females were epileptic; and 22.1 per cent of males and 21.2 per cent of females were mentally defective with psychoses.

Of the twenty-to-forty-nine-year-old group, 60.5 per cent of the males and 62.6 per cent of the females had schizophrenia; 5.5 per cent of the males and 2.5 per cent females were parietic; and 4.8 per cent of males and 0.3 per cent females were in the alcoholic group.

In the group fifty years and over, one notes that 24.3 per cent of the males and 30.6 per cent of the females were schizophrenic; 10.7 per cent males and 3.0 females had progressive paralysis; 2.5 per cent of the males and 1.3 per cent of the females had cerebral syphilis; 7.0 per cent of the males and 1.0 per cent of the females had alcoholic psychoses; and 18.1 per cent of the males and 9.7 per cent of the females had cerebral arteriosclerosis.

It is a striking fact that in Russia in 1935, 44.18 per cent of the hospitalized mental patients were individuals under

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thirty years of age, as compared with 22.1 per cent of the first admissions to state mental hospitals in the United States in 1933; 11.08 per cent were under twenty years of age in Russia, 5 per cent in the United States. These figures suggest a very distinct problem in the rising generation in Russia.

A large part of the admissions under the age of twenty in Russia were due to epilepsy and oligophrenia, with a high incidence of schizophrenia in the age group 15-19. It is also noteworthy that the circular psychosis (manic-depressive) has a definite distribution in the fifteen-to-nineteen-year-old group. Especially notable is cerebral syphilis in the group under fourteen, which must represent congenital syphilis. Psychopathy in the early years makes a very marked contribution.

An age and sex distribution of the total cases in the Russian and Ukraine republics in 1935 and of the first admissions to state mental hospitals in the United States in 1933 is of interest as showing a very high percentage of cases under the age of twenty in the rural republic, the Ukraine:

Age	Percentage of total cases in Russian psychiatric hospitals, 1935		Percentage of total cases in psychiatric hospitals in the Ukraine, 1935		Percentage of first admissions to state mental hospitals in the United States, 1933	
	Male	Female	Male	Female	Male	Female
0-9.....	2.4	1.6	2.8	1.5	0.7	0.7
10-14.....	3.2	2.4	4.9	3.4		
15-19.....	6.8	7.3	8.8	10.9		
	12.4	11.3	16.5	15.8	4.9	5.1
20-29.....	32.5	30.7	30.9	33.3	16.8	17.5
30-39.....	30.3	29.2	29.4	28.3	19.5	20.8
	62.8	59.9	60.3	61.6	36.3	38.3
40-49.....	15.1	15.6	14.8	14.0	19.3	19.5
50-59.....	6.15	7.0	6.2	6.4	14.7	13.8
60 and over.....	2.30	4.2	2.2	2.2	23.0	21.8
	8.45	11.2	8.4	8.6	37.7	35.6
Age unknown.....	1.3	2.0	...	...	1.9	1.3



For purposes of discussion, I have divided these figures into four age groups—0-19, 20-39, 40-49, and 50-60 and over.

In the group under twenty years of age, the percentages for Russia and the Ukraine—12.4 per cent for males and 11.3 per cent for females in Russia, and in the Ukraine 16.5 per cent for males and 15.8 per cent for females—show that mental illness was a problem for both rural and urban sections. These figures are extremely high as compared with the percentages for this same age group among first admissions to state mental hospitals in the United States in 1933—4.9 per cent for males and 5.1 per cent for females.

The figures for Russia and the Ukraine in the next age group, which includes the active ages from twenty to thirty, also show stress in both rural and urban communities. In Russia the percentages are 62.8 per cent for males and 59.9 per cent for females, and in the Ukraine 60.3 per cent for males and 61.6 per cent for females. These percentages represent more of an industrial threat than the figures for this age group among the 1933 first admissions in the United States, which are 36.3 per cent for males and 38.3 per cent for females.

In the age group 40-49, the percentages are slightly higher in Russia than in the Ukraine—15.1 per cent for males and 15.6 per cent for females as compared with 14.8 per cent for males and 14.0 per cent for females. The figures for this age group in the United States are relatively high, being 19.3 per cent for males and 19.5 per cent for females.

Turning to the fourth group, those aged fifty and over, we find that a high proportion of these older patients are admitted in the United States as compared with Russia and the Ukraine. For first admissions in the United States, the percentages are 37.7 per cent for males and 35.6 per cent for females, while in Russia they are 8.45 per cent for males and 11.2 per cent for females, and in the Ukraine 8.4 per cent for males and 8.6 per cent for females.

Another interesting comparison in the matter of age is that between new admissions to Russian psychiatric hospitals in 1935 and first admissions to state mental hospitals in the United States in 1933:

<i>Age</i>	<i>Percentage of new admissions to Russian psychiatric hospitals, 1935</i>	<i>Percentage of first admissions to state mental hospitals in the United States, 1933</i>
Under 20. . . . .	11.12	5.0
20-39. . . . .	60.79	37.2
40-49. . . . .	16.05	19.3
50 and over. . . . .	9.39	37.7
Age unknown. . . . .	2.69	1.7

The first age group in this tabulation represents persons born since 1915, who were subjected to the stresses of the war and of the revolution, to pestilence, famine, and economic reconstruction. They also were the recipients of the special benefits of the progressively excellent care given to children.

The second group, born between 1895 and 1915, spent their early lives amid pre-revolutionary conditions. They were subjected to the destructive struggle for existence against famine, pestilence, and so on. Possibly the intense desire in Russia to protect and succor young workers may account for the high rate of hospitalization in this age group.

The third group were born between 1885 and 1895. All of them had attained their maturity prior to the revolution.

The fourth group were born prior to 1885. They were thirty years of age or older before the revolution and are survivors of the catastrophic years 1921-23 and 1932-33. Possibly their number is small because less attention has been bestowed upon the old, and because hospital beds have been needed to care for the younger group. Possibly there was a low incidence of the psychoses of old age or a lack of danger from them. Possibly famine and disease may have reduced the number of the aged who might have succumbed to mental disease.

The social classifications of the mental patients in Russia and in the United States cannot be compared as there is no common denominator. The significance of the Russian figures, which are given below, is uncertain, as we have no data concerning the proportion of the various groups in the Russian Republic. It is interesting to note the large proportion of workers as compared with farmers, who constitute the great majority of Russian citizens.

<i>Social group</i>	<i>Percentage of patients in Russian psychiatric hospitals, 1935</i>
Workers. . . . .	28.6
Officials (white-collar). . . . .	19.3
Coöperatives. . . . .	1.2
Farmers. . . . .	11.8
Independent. . . . .	5.2
Red Army. . . . .	2.4
Students. . . . .	2.3
Families of workers. . . . .	6.4
Families of officials. . . . .	4.8
Families of workers (and officials unclassified) . . . .	0.4
Unclassified. . . . .	17.6

The foregoing statistics demonstrate that psychiatric service is required in Russia, and that it is being given with increasing thoroughness. The annual increase in the amount of this service is marked and must be regarded as a purposed extension due to a full recognition of the importance of fostering mental health through therapeutic hospitalization. The growth of psychiatric care is evidenced in the yearly increase of admissions to mental hospitals. The figures tell the story of progress:

<i>Year</i>	<i>Increase in admissions over preceding year</i>
1935. . . . .	56,760
1934. . . . .	10,768
1933. . . . .	3,696
1932-28. . . . .	3,337
1927-23. . . . .	991
1922-18. . . . .	271
1917-13. . . . .	137

Let us turn now to the data on juvenile delinquency. According to the theories of Marx, delinquency and crime have their roots in the structure of competitive class societies. If, therefore, Russia has had an increase in juvenile delinquency, consistency demands an explanation in terms, not of biology, but of some failure along economic-social lines.

Shortly after the revolution, juvenile life in Russia was subjected to famine and pestilence, with the result that in 1921 there were in the Russian Soviet Republic perhaps eight million homeless, "wild" children, including at least seventy-five thousand juvenile delinquents. Juvenile delinquency be-

gan to decline as specific efforts were made to bring about social salvation along acceptable educational lines of economic rehabilitation. In 1930, however, just when the First Five-year plan was placed in operation, juvenile delinquency began to rise, and it has been rising ever since. If one takes the year 1931 as 100, juvenile delinquency in Moscow was 128 per cent in 1932, 165 per cent in 1933, and 185 per cent in 1934. Here, then, we have the phenomenon of a rising juvenile-delinquency rate in the presence of increased economic security, enhanced social welfare, a higher degree of education, a raised standard of living, and a more widely disseminated culture. Stealing and plundering constituted two-thirds of the juvenile delinquencies of 1934, while hooliganism and poor conduct were diminishing. Patently, the altered economic-social environment had not accomplished the anticipated reduction in juvenile delinquency.

If "child crime, like that of adult, in its origin and development, is the product of capitalized society," then the transformation of a capitalist society into a socialist state should result in a decrease in juvenile delinquency. The fact that a decline did not occur stirred the authorities, so that in 1936 the Commissar of Justice, N. W. Krylenko, urged the necessity of criminal prosecution of juveniles. Methods of dealing with delinquents through friendly commissions were repealed as official attitudes changed. The juvenile delinquents of the 1920's were explained and excused as "homeless" children, products of a capitalistic era. The new group of juvenile delinquents had been born since the revolution and had had the benefits of a new security. They were living at home with their parents, and in general were attending school at the time of their apprehension. Their antisocial activities could no longer be accounted for by the old capitalistic structure or by homelessness. The government was obliged to find another cause and hence termed the new delinquents "neglected children." The juvenile delinquency was attributed to unfit or neglectful parents, who, therefore, were held morally responsible to the community for the delinquencies of their children. The law of April 7, 1935, provides that all juveniles twelve years of age or older who are found "stealing, committing violence, carrying on bodily harm, maiming, commit-

ting murder, be brought before the criminal court, where all the measures of criminal punishment be applied to them." And that "all persons who are found to have encouraged juveniles to commit offense or actually driven them to perform criminal acts, as speculation, prostitution, or begging, should be sentenced to not less than five years imprisonment."<sup>1</sup>

The problem of juvenile delinquency is a continuing problem in Russia. The numbers not only of boy offenders, but of girl offenders have increased. Hence the need for an increased application of mental-hygiene principles among children.

The problem of juvenile delinquents immediately leads to the question of schooling. Soviet Russia has spent billions of rubles on education, and the opportunities for education in Russia to-day are probably as significant as any throughout the world. Pedological institutes were established in order to solve some of the problems of school children, but they were abolished promptly when their researches began to stress individual differences and psychological distinctions which failed to accommodate themselves to economic theory.

Educational problems in Russia are similar to those in America, except that they are more acute, because of the rapid development of the schools, and the consequent difficulty in securing an adequate personnel and providing a sufficiently elastic adjustment of school curriculum to student needs. During the past year there were more than a million non-promotions in the elementary schools. In conference, the teachers were taking the blame upon themselves, hesitating to accept the "foul theory" that many of the failures might have been due to innate differences in capacity. For a time there were difficulties because teachers were expelling problem children from their classes.

Intellectual life has been stimulated, but indoctrinated and controlled as well, whether through the radio, the theater, the cinema, or the school. What problems may arise as a result of the disillusionment of the adolescent group, who may get new ideas of an outside world, cannot be foretold. Certainly mental-hygiene problems are bound up in the desire

<sup>1</sup> *Pravda*, April 8, 1935.



for freedom of thought, expression, teaching, and action. At the meeting of the R.S.F.R.S. Education Council, in July, 1937, the People's Commissar of Education, A. Bubnov, declared "that the work of the council, which was conducted in the spirit of criticism and self-criticism, raises the rôle of the Soviet teacher to the level of a political worker, who regards matters not from a narrow, departmental point of view, but from the point of view of the whole Soviet Union." He urged the teachers "to allow no enemies of the people to penetrate into organs of public education."<sup>1</sup>

The difficulties in education involve not only the curriculum and the teachers, but also methods of discipline and lack of school facilities. Competition for honors and continued pressure upon the student create personal maladjustments, despite the fact that nowhere in the world is youth held in higher esteem or offered greater opportunities for emotional release and growth. Illiteracy among the young has vanished, but the extent of their educational needs and the acceptance of their new opportunities offer new problems. Delinquency, mental disease, and school difficulties suggest that the adolescent group which has been taught to think and to aspire has not attained a full emotional equilibrium.

Related to juvenile delinquency as well as to psychiatric difficulties are various factors connected with the family. Theoretically, under communistic organization, the family should pass from the picture, as all authority would be vested in the state. None the less, under the impact of increasing delinquency, parents are now being held responsible for the neglect of their children. Obviously parenthood is regaining value, even though the state is to a large extent *in loco parentis*. The attention of parents to their children is held essential, although their authority is subject to the directive activities of state representatives, such as nurses, teachers, physicians, and psychiatrists. The old family structure was disorganized when women were granted equality in all spheres of activity and wives sought careers. This right continues to be expressed in the new constitution as applying "in all spheres of economic, state, cultural, social, and political life." As a matter of fact, the equality does not actually exist either

<sup>1</sup> *Moscow Daily News*, July 26, 1937.

in political or in economic life. The earning power of women generally is below that of men. Emphasis on the career motive creates difficult family situations and strains parent-sibling relationships. Despite the growing facilities offered by the state in the form of *crèches*, schools, camps, rest homes, clinics, and hospitals, the problems of parents and children are not solved.

Mental-hygiene measures are needed because of the overcrowding of rooms, the inadequate housing facilities, and the demand for larger families. Seventy-five per cent of the population of Russia is still rural, and population pressure is affecting both the urban and the rural group. With the population increasing because of high birth and survival rates, housing and room congestion can be only slowly abated and emotional interactions continue to irritate family life. The housing shortage in urban centers has risen not merely because of a rising birth rate, but also through the drainage into the cities of families from rural areas. Urban patterns of living are copied in the rural districts, where new housing is less well supplied. Despite an enviable amount of supplemental communal aid, the collective society has a struggle to keep up with the demands for better living conditions.

Familial problems have been lessened in some respects as they have increased in others. Free sexual relationships are less prevalent and family life is being tightened, so that not alone are regular marriages being encouraged, but divorce is being discouraged in every possible manner. The period of sexual freedom incident to the revolutionary attack upon marriage led to family reorganization, and the present reversal of the earlier policy has produced a number of mental uncertainties.

The recent reversal of the attitude toward abortions causes new mental stress. In 1920, abortions were placed under state control, and were available at request. In 1927, abortions in Moscow had risen to 75 per cent of normal births. On June 27, 1936, all abortions were forbidden except those for therapeutic purposes. In 1937 there was a tremendous increase of births, providing new problems for families and for the community. The birth rate in Russia, as elsewhere, is higher among the less educated groups, thus causing fur-

ther difficulties. During the first half of 1937, in Moscow Province, there were 73,000 more births than during the same period in 1936. In the words of Dr. Gantt, "there is a tendency now to abandon the freedom and laxity of the early years of the revolution by making divorces and abortions more difficult or impossible and offering large bonuses for big families." A wave of morality has arisen. The present purpose is to combat "a light-minded attitude toward the family and family obligations." This is exactly what we find in America as one of the methods of stabilizing the family. None the less, the tightening up of family life has increased familial tensions.

The Russian family, therefore, is subject to a variety of problems born of anxiety, pressure, and overcrowding, despite the fact that many of the economic insecurities have diminished. Even the shift in relations between illiterate adults and literate children has increased emotional conflicts, as is readily understood in America. Parental indifference is not marked, despite the necessary application to economic duties and desires, because the interest of parents in their children is heightened by various competitions in and for new opportunities. The return to a more responsible family life, the decrease in abortions, the increase of cultural and communal advantages for children develop conflicts concerning individualism and freedom in relation to the authority of the family and the power of the state.

Familial life is being modified by a number of economic factors. While capitalism has been overthrown, the present economic system accepts many capitalistic values. The pursuit of economic goals involves a competitive system, piece-work, wage discrimination, and stimulation through reward for more rapid and more efficient efforts and achievements. The process of industrialization, the development of organization, and the growth of urbanization create problems of stress that did not exist in old Russia. The transfer of interest in activity from rural to urban life, and from agriculture to industry, involves a large variety of adjustments in attitudes, skills, and outlooks. The rapid and extensive forced progression of economic development is conducive to a stratification and classification far removed from the idea of a

classless society. If a collective society has as part of its purpose the granting of greater individualism, to what extent is it possible to collectivize the basic urges of man? If, in capitalistic countries, education increases personal needs and problems, to what extent are similar results arising from the growth of literacy and the development of higher education in Russia?

It is not my purpose to discuss political elements, but in as much as the political organization of Russia involves an economic program, it is at least necessary to note that the problems of economics, and their social implications, cannot be isolated from personality reactions. The current economic theory does not interfere with the general practice of capitalistic methods for the promotion of industry and employment, of production and distribution. On the contrary, the economic motivation has been employed intelligently and rigorously, even in the treatment of criminals and in the fine achievement of the practical elimination of prostitution. If, however, economic distinctions continue to develop highly paid and poorly paid classes, will their mental-hygiene problems be essentially different from those of the groups of rich and poor under capitalism? Will family life be freer from emotional strains? Will the economic motive disappear in family life because of a political shift of emphasis?

According to the new constitution, the principle of socialism is stated to be: "From each according to his ability, to each according to his work." This sounds very much like a capitalistic slogan and far removed from the communistic concept of distribution according to needs. In other words, the organization of life, as implied in these ritual words, demonstrates the existence of capitalistic factors which tend to operate to an extent unforeseen when the revolutionary economic system was instituted in 1917. The truth is that Russia is still suffering from its industrial revolution, with the shifting of population to the cities, the reorganization due to rural depletion, the collectivization of farms, the transformation of peasants into technical workers, and the development of a new middle class. Perhaps the most significant point of difference between Russia and America is that in Russia the mental

hygiene of industry involves the consideration of but one employer, the state, which is responsible for personal economic security, personal promotion, and personal continuity of living standards. Ability and effort, potentials and achievements offer economic problems in Russia as in this country, although opportunity knocks more loudly on Russian doors.

There is no need for unemployment in Russia. This does not mean that the problems of poverty have been abolished. Wages are not high, the average being 250 rubles per month, and the low standards of living still challenge personal comfort, even though they may have been improved for the majority of the peasantry. Fortunately, an unusually fine food supply this year has a heartening effect, but with an increased birth rate, the food supply also must continue to increase. The splendid advancement in the decrease of infant mortality, the lowering of the incidence of, and the death rate from, contagious diseases, and the generally higher survival values have increased many of the problems of subsistence and existence. There is still need for adjustment to the threats from inadequate crops from whatever sources, whether from drought or political sabotage. Nutritional security has not been attained.

Wages are low, food and clothing are high. The government is purposely and wisely creating a higher standard of living, and stimulating a desire to attain it. This, in itself, brings about a new struggle for status. The economic overturn thus far has not altered the basic psychology of the population, about 43 per cent of which has been born since the revolution. With human frailties as they are, the desire for higher standards of food, lodging, and clothes, the ambition to have better seats at the theater, or even to purchase a motor car, give rise to internal tensions. Industrial competition is enhanced because a new class is arising. It is developed on the basis of brain power, skill, artistry, or money. Within this new group are the honored heroes, bearers of the Order of Lenin, or of the Red Banner, Honored Artists of the Republic, the highly respected scientist, and the much-advertised Stakhanovite. These are new groups and new classes, which, merely by virtue of their existence, create new struggles for



position and establish new problems that involve a money economy, with the rights of saving, of willing and inheriting private property.

Jobs may be uncertain and labor turnover is by no means ended. Large groups may be transferred from one place to another. Accidents in industry are rife. Wage differentials give rise to those who can and those who cannot afford to purchase fancy foods, or the luxurious furniture now being built in Russia. As elsewhere, the people will continue to manifest the expansion of their personal needs by striving to satisfy them in terms of their earning power. Here, then, are emotional elements that might mirror a class struggle in a theoretically classless society.

Furthermore, current industrial maladjustments, relative inefficiency, because of the difficulties involved in converting an agricultural population into skilled industrialists, the hurried development of workers along new mechanical lines, the tremendous pressure for the promotion of heavy industry and light industry, have brought about transformed philosophic values. "Nitchewo" is no longer a guiding principle, because the life or death of the country depends upon gearing up industry, promoting activity, and fighting for time. Everything matters now, when over the industrial struggle there hangs a threatening shadow of war. Farmers, workers, soldiers, students, whether or not party members, are caught up in nationalistic currents of thought—and safety requires them to swim with the current. Personal security is no more certain than national security.

Russia presents the complications of a struggle for collectivism that promises individualism. The complications are no different from those that accompany the reverse struggle in the United States. The main difference lies in the fact that Soviet psychology seeks to attack all problems of personality in terms that conform with the communist doctrines of Marx, Lenin, and Stalin. Capitalistic psychologies are rejected, including, incidentally, the doctrines of Freud, which are held to be mythological. None the less, old pre-revolutionary traditions and practices are not wholly dead, but exist as hold-overs. Many once-rejected forms and ideas are receiving renewed recognition in the new constitution. If

they were once sources of hazard to the community, they may again cause distress, even though they be more openly acknowledged.

I call attention specifically to the tenth chapter of the new constitution, on the basic rights and obligations of citizens. These constitutional factors, together with a secret ballot, will provide many elements which will affect the mental hygiene both of the adolescent and of the mature. In Section 124, the church is separated from the state and the school from the church, but there is freedom of conscience for worship, along with freedom of anti-religious propaganda. Section 125 guarantees freedom of speech, press, assembly and meetings, street processions, and demonstrations. Section 131 states that persons attempting to violate public socialist property are enemies of the people. Section 132 establishes universal military service as the law. Section 133 makes the defense of the fatherland the sacred duty of every citizen of the U.S.S.R., and declares treason to be punishable with the full severity of the law as the most heinous crime. The Commissar for Internal Affairs has rights of arrest and temporary removal which challenge personal safety.

There is ample evidence that anxiety and fear still abound in Russia. There are the mass fears of war, famine, and pestilence; there are personal fears of darkness and despair. Familial problems, ill health, loss of affection, disappointment, defeat, limited earning capacity, frustrated drives for position, the hazards of political pressure and tension, the danger of losing a job or even of being falsely accused of wrongdoing, operate in Russia as in the United States.

Mental-hygiene problems are influenced also by certain specific factors. Membership in the Communist Party, for example, is difficult and uncertain because of the annual threat to status in the party purge. Trained leaders, non-party members, are under the threat of failure in achievement and suffer from uncertainty in their acceptance of responsibility. There are few dangers in personal thinking, unless utterance or action is out of reasonable harmony with official ideology. It is one problem to regulate the reading, the art, and the science of the uninformed and the illiterate, the untraveled and the uninspired, and another to safeguard the free expres-

sion of the literate, the ambitious, the capable, mentally active group that has been developed. The use of a free secret ballot brings its own problems.

Fears of Germany and Japan, fears of foreigners generally, even fears of one's neighbors, conduce to emotional difficulties for large groups in the community. The tremendously large army, the threat of war and the need for peace, together constitute problems of no mean nature. A closed Kremlin is a symbol that all is not going well in the community. Party authority in government constitutes a reason for fear, restraint, inhibition, particularly as a criminal is defined as one who "by action or inaction" brings about harm to the state. A treasonable act may be found in limited activity or in conservative effort.

The Russian people are wholly aware of these difficulties and I am saying nothing that would be new to them. They are approaching their maladjustments with directness, decision, and reasonable consistency, but without rigidity, save in terms of their economic formulations. They have approached mental hygiene in terms of the extension of social opportunity for growth and development, by affording medical and psychiatric care at every age level and under the auspices of the public park, factory, clinic, and hospital. They are well aware of their difficulties with oligophrenics, epileptics, and psychotics. They recognize that the psychoneurotics are not lost in their program, but make provision for them in sanatoria and in children's camps, as well as in clinics and, occasionally, in hospitals.

Up to the present time, there has been a lack of valid statistics for determining the extent of exogenous and endogenous disorders. While some credit may be taken for the reduction of the allegedly exogenous psychoses, the increase of schizophrenia is explained away on the ground that cultural differences apparently do not effect the incidence of this endogenous psychosis.

Undoubtedly, numerous factors which have been regarded as causes of psychoneurotic conflict have been to a considerable extent diminished, but few have been eliminated. The widespread services to children and adolescents, and the inspiring degree of self-confidence and assurance engendered in

the development of their individual freedoms, have been unusually protective of children. None the less, even this group has to meet a variety of threats to ambition, interests, and desires, as well as to find peace and harmony in family life and school relationships. Economic security does not insure the security of affections, nor does it guarantee security of personal achievement. Sufficient time has not elapsed for any one to prophesy that psychoneurotic disorders will completely succumb to the spread of Marxian theories and the establishment of higher education, rising standards of living, and greater freedom for self-expression. It appears unlikely that psychoneurosis will be proven wholly exogenous and economically determined. Gantt, writing in 1927, states: "Functional nervous diseases, such as the neuroses, have been markedly augmented, while most forms of insanity, notably schizophrenia, have not increased." Whether or not this statement represents the whole truth to-day cannot be asserted with assurance.

Manic-depressive disorder exists, even though the depressive state may be observed less frequently than in earlier decades.

Alcoholism has been reduced, in all likelihood as a result of changing attitudes toward the use of liquor, but alcoholic beverages still give release and good cheer. It must be borne in mind that prohibition existed in Russia from 1917 to 1921, but that since repeal, the use of alcoholic beverages, including vodka, has been increasing. According to Gantt, deaths from alcoholism mounted steadily in Leningrad and Moscow—from 55 in 1924 to 695 in 1928. The figures for alcoholic psychoses are high because psychiatric treatment is compulsory for all alcoholics who evidence mental disorders. Alcohol, like Time, is marching on.

Approximately 40,000,000 of the Russian population died between 1917 and 1924, of whom only a small proportion succumbed to war. The famine casualties of 1932 and 1933 have been estimated at between two and fifteen millions. War and famine, therefore, altered the nature of the population and the famine, so recently over, also made marked changes in the attitudes of the survivors toward life. This alteration in the population is probably partly responsible for the low

J incidence of cerebral arteriosclerosis and senility, as well as for the decline in tertiary syphilis.

From 1920 to 1922, about 4 per cent of the population registered at the Leningrad Institute were syphilitic, and during those years only about 5 per cent received arsenicals. In 1922, Dr. Semashko stated that some areas of Russia contained 80 per cent of syphilitic infections. The direct attack upon the problems of venereal diseases, the unusual sharpness of social control over prostitution, and the social redemption of prostitutes, with the immediate measures taken to prevent and treat syphilis, have reduced the prevalence of the disease. These measures, however, probably played little part in causing a decline in paresis or cerebro-spinal syphilis, as the time interval has been too short for such effects.

It is important to realize that, in 1912, of 49,000 hospital patients in Russia, 9,000 were mental cases. In 1922, there were 13,000 psychiatric beds in the Russian Republic, which represents about one-half of European Soviet Russia. In 1927, there were 21,000 beds; in 1932, 33,000; and in 1935, 57,000; and 12,000 more beds are desired. There were 1,600 psychiatric beds in the Ukraine in 1922 and 8,000 in 1932. This is evidence that mental-hospital care is being extended and that mental health in Russia is receiving increased attention.

The figures adduced do not prove that there has been an increase in mental disease or in epilepsy, or a rise in mental deficiency. They do bear witness to the fact that Russia has made a pronounced effort to attack the mental-health problems of the nation in terms of a psychiatric approach. The general administrative methods involve districting cities for psychiatric control—Moscow, for example, has sixteen psychiatric districts; establishing clinics for children, for adolescents, and for adults; and providing convalescent care and hospitalization. The recognition of mental problems in Russia is frank, honest, and, above all, constructive. Prophylaxis, diagnosis, and therapeutics are equally stressed. Appreciating the fact that the transition from one form of society to another required by its economic principles would place great strains upon the population, the government instituted a wide variety of activities directed toward the prevention of



mental disorders through the liquidation of unhygienic and dysgenic factors and situations.

The struggle between orthodoxy and heterodoxy will continue, and social-psychological responses will continue to be affected by changing cultural situations. The limitations of individual adaptability will be reflected in the levels of mental health that may be established in the future. We are witnessing a tremendous test of the possibility of personal dominance by economic determinism. Russian culture is in course of change, with the emphasis shifted for every category of the population. Regardless of race, nationality, religion, and personal capacities and opportunities, a new principle for collective life is being put to the test. Every unfavorable reaction that has been condemned as a maladjustment incident to the tensions of capitalism must be regarded as equally representative of tension in an altered culture. Crime and delinquency, school failure, alcoholism and narcomania, psychoneuroses and psychoses, become reasonable checks upon the well-being of a nation. The present existence of problems such as these indicates the necessity for a larger measure of mental hygiene in the U.S.S.R.

As one reads of begging, of alcoholism, of drunken chauffeurs, of petty graft, of incompetent teachers, of forced resignations, of an increase in suicides, of treason, spies, wreckers, sabotage, and bloody purges, one senses a tremendous mental conflict in Russia. It may be further intensified by outside pressures. The outlanders shriek that communism is against the world and must be stopped or destroyed; within Russia, the belief is general that the world is against Russia. Such attitudes engender feelings that safeguard peace of mind no more than the peace of the world.

The cultural problems of an altered Russian society are tremendous. I have not attempted to introduce data concerning the political and economic conditions now existent. I have not dwelt, as I might have, upon the marvelous achievements, the splendid spirit, the high confidence, and the general social worth of the psychiatric efforts now being made in Russia. I have not discussed plans, personnel, methodology, or treatment.

The fact remains that the current experiment in pursuit of

communism is worthy of careful study as a challenging form of applied mental hygiene. If the economic revolution brings about a continued rise in civilization, information, living standards, and aspirations, will neuroses and psychoses be increased or decreased thereby? Will the persistence of alcoholism be an indication of the search for release from internal conflict? Will subtle competitive principles give rise to economic jealousies and class envies? Will the new constitution develop harmony with the party tradition? Will the people find themselves struggling in their loyalties between the state and themselves? These are questions unanswerable to-day.

I have aimed to confine myself to a discussion of the problems of mental health in Russia. I have tried to make clear that the Russian data indicate a broad understanding of mental hygiene. It is evident that mental health is caught up in problems of governmental service, of laws and their interpretation. It is affected by efforts for the stabilization of the family and for parental education, by the increasing organization of social opportunities during the pre-school and school age and during the technical school and university period. The magnificent work thus far accomplished, through *crèche* and playground, Palaces of the Pioneers, Parks of Culture and Rest, and trade unions, in shops and factories, sanatoria and hospitals, is ample evidence that the mental health of the individual is recognized as essential to the success of the political system.

I close, as I began: Russia offers an experiment as a purposed collectivism, colored by capitalistic factors, which are promoting individualism and classes. The United States represents a continued capitalism undergoing modification by socializing factors which are promotive of a sense of collectivistic responsibility for the solution of its economic inequalities. Hence, the problems of the two nations, so far as mental health is concerned, are growing more and more alike. Both countries face the future with an increasing interest in evaluating the essential needs of man and in establishing his social integrity. Both are willing to revalue old methods and to introduce new procedures to promote the goal of rational, progressive mental hygiene, to the end that man may scale the heights of efficiency and happiness in collective living.

## MENTAL-HEALTH NEEDS IN CHILDREN'S INSTITUTIONS \*

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CONCEPTS drawn from the field of mental hygiene and from the field of case-work have been the two most important factors in the growth and development of modern institutions for children—a development that, in some instances, has enabled such institutions to play a unique part in the community's program of child care.

When, through mental hygiene and case-work, we come to see each child as a developing personality, different from all others, we realize that mass care of children—food, shelter, and kindness—does not provide for the needs of the individual. Just as the early founders of orphanages were pioneer leaders in their communities, so again have other pioneers stepped forward to lead us on to the next development in institution care—that growth which will make the institution a special tool of foster care, a group experience for the child who needs it, who can gain from it, and who stands up under it.

If the institution is to be this special tool, then it must have a well-developed case-work service and a basic mental-hygiene program.

There are three groups of mental-health needs to be considered: the needs of the children, the needs of the adults, and the need for psychiatric advice in developing the program wisely. Through understanding the needs of the children, we may draw out the essentials of the mental-hygiene program. From studying the important part played by the adult in his position of leadership, we may gain knowledge as to the basis for the selection and training of personnel. The final development of the program will have to be based on special needs as we find them and the community resources available for meeting them.

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The mental-health needs of the child have been simply summed up as the need for security and affection, the need for recognition as a person in order to build up self-esteem, and the need for adventure and thrill.

Security is a basic need for all of us. The urge to be wanted and loved and to belong is fundamental. To the child in an apparently normal, happy home, it may never become an outstanding want, though frequently it does, even in such cases. The little child's way of self-expression is through loving and being loved. The child needs to be loved by persons to whom he means something and who yet can be objective in their loving instead of using that love for their own emotional satisfaction. Many of the children who come to us in institutions have been subjected to home situations and experiences which have cut them off entirely from their normal share of love and expressed affection, of understanding and sympathy. We must then see to it that the persons surrounding them in their daily living are the sort who can appreciate the situation and give them this fundamental experience of understanding affection.

Children can gain this in an institution. When a six-foot sailor, on returning to town on discharge from the navy, makes as his first trip a visit to an institution to see the old cottage mother who had brought him up through his early and troublesome years, he is demonstrating this. The boy who saved the pennies earned by work out of school hours to buy the "mother's pin" which mothers of Boy Scouts wear, and gave it to the superintendent of his institution, saying he wanted people to know that she had a boy who was a Scout, was also expressing something vital in the relationship he has known.

We all know the love-starved child of the institution who clings upon and hangs to the visitor who shows the slightest response to him. By merely observing the behavior of children in an institution, one may gain a fairly clear idea as to whether their lives are adequately rounded in the field of general emotional satisfactions.

It is through satisfying relationships with both men and women that children come to build their trust and confidence and their faith in the world in general. In fact, it is out

of such wise and understanding love and demonstration of it, through the experience of justice, fairness, and tolerance, through the coöperative service of home-making, that the child gains the spiritual qualities of life from which he will later formulate his own particular religious philosophy and belief.

The second need of the child is of equal importance. Self-esteem, an adequate self-evaluation, must be built up. This is sometimes hard in an institution. Our old large groupings made it almost impossible for all children to receive sufficient recognition to enable them to build up self-esteem. Certain outstanding children could gain this, but those who most readily became submerged were the children who most needed the help they would have gained from special attention. We have come to see that we must have more individualization, that the child must learn to see himself as of importance to some one person or to the group.

The philosophy that underlies the program should make it possible to meet these needs of the child. For instance, in the selection of clothing, one of the main considerations should be the effect upon the child's self-esteem. Clothing should be selected in accordance with the child's particular needs and, in so far as possible, with his tastes. It should be sufficiently like what the others are wearing to be satisfying and yet sufficiently different to make the child feel individual. In one instance, a difficult older boy from a small town, who was gradually overcoming his reluctance to enter high school, was, I am sure, greatly helped in his adjustment through the assurance gained from a new brown suit of the current fashion. Not many years ago the major consideration in clothing institution children was economy and practicality from the point of view of the staff. To-day the emphasis is on the psychological needs of the individual child.

As opportunities to develop a sense of personal ownership are few at best in an institution, clothing should always be considered as personal property. It should not be handed down nor should it be worn after it becomes outgrown or otherwise unsuitable.

Again, hair cuts for institution children may be a matter of regimentation or they may be entirely individual and in accord with the child's own tastes, granted a reasonable



degree of guidance. The rapidly growing and overdeveloped adolescent girl has many difficulties of adjustment. Smartly cut hair or even a permanent wave may be such an aid to her self-confidence that, from a case-work angle, the investment may be even more justifiable than some more usual and unquestioned expense.

*Has case notes*

The part played by privacy and personal possessions in the building up of self-esteem cannot be overlooked. If single rooms are not feasible, sometimes cubicles can be arranged. If this is not possible, then even locker or cupboard space given the child as his very own can be of real value. A visitor to one of our large institutions recently saw many of the lockers of the adolescent girls, lockers with shelves above and hanging space below. These were considered private property, and each youngster arranged her own as she wished. The collection of things these girls saw fit to save and decorate with would have been fruitful for a psychological study of each child. Some of the lockers were filled with nothing but pictures of the admired movie hero of the moment; one had only photographs of dogs; one had pictures of mothers and babies only and numerous headlines from magazines with the word "mother" in different combinations. The entire set-up of this child's small locker space was the expression of a thinking and wishing entirely her own.

In another institution a boy of thirteen was accepted for special study. He had lived most of his life in a congregate county home with no semblance of privacy. On admission to the institution, he was given one of the single rooms. That boy collected possessions from all over the grounds, articles that at a hasty glance might have looked to the adult like impossible trash. He treasured these and kept them on exhibit in his room. With the skill of long practice he repeatedly scrubbed his floor, shined his brass door knob on the *inside*, closed the door, and placed on it a sign reading: "Private. Please do not enter without knocking." He then spent the greater part of his free time inviting all to come and see his room. One immediately felt the satisfaction and sense of status he was getting from a place that he could call his own and to which he could invite people. His privacy was always scrupulously respected.

In the matter of building self-esteem, recreation opportunities play a large part also. Group participation and game skills as they develop all help to give assurance. Even the smallest opportunities for self-expression and performance before the group give the child a chance to see himself as a person. Glee club, dramatics, pantomime, and pageantry all help.

A little girl of thirteen, exquisite-looking, but painfully inadequate in feeling, who was having treatment from the psychiatrist, was helped greatly in gaining status through the recreation activities. In a simple pageant of the growth of the American flag, she was selected to carry the final United States flag, the "Stars and Stripes." Cringing and fearful, she started out, but when she finally faced the audience, standing on the platform above all the earlier flags carried by other children, her head was tossed up and her face had an expression of confidence. She saw herself as somebody of importance, if only for the moment—somebody looked up to and admired and even envied by her peers.

Vocational training for the child is one of the surest aids to self-esteem. Discerning the child's aptitudes and helping him to develop them often gives him much status in the group. Again, opportunities to earn, save, spend, and give help the child to gain recognition and establish a sense of property values and rights, so essential to ease in living.

In matters of discipline, there are, of course, many dangers in the way of securing an apparent conformity, but deflating the child in so doing. Here we need the most careful mental-hygiene planning.

The child's last need—that for adventure, thrill, and surprise—is perhaps one of the hardest to meet in an institution. Without constant watching, even in the most progressive program, regimentation and routine quickly creep into the daily living. The program must remain flexible and adaptable to individual needs. The house mothers who, to the last one, turned out at 2 A.M. with the children to see the circus come into town illustrate the kind of flexibility and buoyancy we need—persons who can control their groups, yet are not afraid to break routine.

Recreation must consider the individual as well as the

group. We are in danger of building up in the child abilities for and interest in group activities without building resources within the child himself. If this happens, then he will be at a distinct disadvantage when he moves on to normal community living and a group is not easily available to him.

The anxiety of the institution supervisor on the day when our lone angler went off at 4 A.M., with three sandwiches to last him until lunch time, and did not return until 9 P.M., those of you who have cared for other people's children can imagine. Yet the fact that he came back late, but radiant, that he had had such an immensely good time by himself that he forgot about food, that he was filled with excitement over his two trout, made it a worth-while experience—though painful for the adults concerned.

We must give children the opportunity for initiative, resourcefulness, and self-reliance in order that they may learn to satisfy in numerous accepted ways the need for adventure.

Though in part we can meet the needs of the children through the philosophy and program planning of the institution, formal clinical and teaching facilities will be needed as well. These will be discussed later.

The needs of the adults in the institution are basically those of the children—needs that must be satisfied in one way or another if we are to have adults sufficiently well-rounded to hold positions of leadership with children. Whether we like it or not, adults who live in close contact with children are forced into a position of leadership of one sort or another. Our program stands or falls through their efforts; our goals are attained or not attained through them; they are the most important persons in the child's environment at the moment. Their good mental health, their understanding of themselves are essential to our success.

The adults with whom children come in contact quickly become objects of emulation and imitation. Not only will the child strive to live up to the ideals of an admired adult, but he will also closely copy social behavior, way of dress, and personal mannerisms. The tolerances, intolerances, prejudices, generosities—in fact all the attitudes of the grown person markedly influence the child in the development of his own attitudes and his way of meeting life.

Frictions and tensions among adults are always readily discernible through the behavior of the children around them. Those of us who deal directly with children must, therefore, know something of why we behave as we do if we are to understand why the children behave as they do. Only in this way can we understand the part we play in their personality development.

Our adult personalities are the outcome of our racial and social heritage and our experiences in our environments to date. Experiences of being liked or disliked, wanted or unwanted, thought important or unimportant, color our behavior, and as one or another of these experiences predominates, so to some extent we build our personalities.

By understanding the factors that make up personality, we may better manage our own lives and so be of greater service to others. So, also, by insight into our motives and desires, we are better able to understand those of the persons about us. Just as with the children, self-esteem is vital to us. Anything that assails our self-esteem is hard to accept. For instance, we dislike to be defied by a child in the presence of our peers. Yet we must be sufficiently secure within ourselves to let impudence and insolence pass for the moment, when it seems wise. The impelling urge to meet resistance with dominance or insolence by showing the child his place is a strong one. Yet frequently failure to resist and quiet listening to insult without becoming enraged will bring about the change in social behavior that we desire.

The need to enforce authority because we have given a command is a snare in which we may enmesh ourselves beyond withdrawal. We need to know whether we are carrying through to the finish because we started something and "no child can defy me and get away with it," or because we fear our superiors may think us unable to enforce discipline, or because the safety and good of the individual or the group depend on compliance with the command. In matters of yielding to or exerting authority, we may frequently see ourselves responding much as we used to in childhood years. This is a point at which those of us who are responsible for the daily living of children should watch ourselves. The need to have power and authority and to use it may become a dominating factor in our lives.



If we allow this to happen, then we are compelled to gain obedience and conformity, not for the child's growth and best good, but to satisfy our own need for supremacy. This is not a fair situation for the child, and those adults who cannot control this need for domination should leave the field of direct care of children.

We are prone as adults to underestimate ourselves—we know ourselves too well. Not only do we see our external behavior, but we know how we feel inside. With another person, we see only what that person shows us, unless we are gifted with insight and occasionally see below the surface. We can scarcely believe that others feel as inadequate and scared, or as lonely, as we do at times, and so we assume that their behavior is due to some other cause. When others appear aloof and superior, or boastful and aggressive, we think that they really feel so, whereas often they are whistling, as we do, to keep their courage up. If we recognize this, it takes the sting out of what otherwise would be personal affront, and we are better able to keep our perspective and, therefore, act intelligently.

Again like the child, we need the feeling of security that comes from being wanted, or being adequate to the situation. We need to feel secure in our affection for those for whom we care, secure in the tenure of our job, equal to the responsibilities that fall upon us and to the social obligations that we must meet. Many factors may tend to break down such feelings, and so insecurity creeps in. It underlies much of our behavior and is shown in varying guises.

A position of leadership with children demands maturity of the adult. Even though our childhood experiences have given us a false start, we may still modify our behavior and change our attitudes if we give thought to it.

This position of leadership also demands of the adult a philosophy of life and an acceptance of things as they are. It calls for the ability to give affection and demand little in return. You undoubtedly know the house parent who can give affection, but must have a return; when she does not get it, she is hurt and the child is "ungrateful." You know also the house parent who gets the return of affection and then cannot give it up, unable to release the child to other relationships for greater growth.



Getting along with others is a task that calls for poise and good judgment. Leadership should not be by domination, but by example and stimulation of each one in the group to live his or her life to the fullest and best. For children's institutions, this means wise selection and careful training of personnel if we are to have an atmosphere conducive to the good mental health both of children and of staff.

Probably the greatest asset of the house parent is rugged good health, with consequent endurance, buoyancy, and a young point of view, regardless of age. We need a person with a true liking for people—a liking for children, faults and all, one who is not unduly irritated by the less attractive qualities. We need a joyous, fun-loving person, with tact, stability, and a sense of humor, that rare quality which makes it possible to laugh at one's self as well as at others.

We have been listing qualities of personality. We also need certain types of knowledge. Some medical information, as well as familiarity with the principles of child psychology, are essential. So, too, are hobby interests and special skills.

Perhaps equally important is a balance between professional and cultural interests. There must be a wide range of interests if the adult is to remain fresh and vital on the job.

Above all things, as we have said before, there must be a well-balanced philosophy of life, a belief that even with its rough spots it is worth while. There must be a true appreciation of spiritual values and an ability to pass them on to others.

We may find the person with some of these qualities and we may develop them in others. Certainly mere selection of the personnel is not enough. We must continue with a teaching process to develop the point of view and type of information which the house staff must have if they are to exert wise leadership with children during the twenty-four hours of daily living.

Having selected and trained our house staff, we must remember that the hours of work required, the rate of compensation, the type of living quarters, and the responsibility and initiative expected of them are all factors that relate to their growth and efficiency on the job. In the development of the modern institution, these cannot be disregarded. Schedules must be so planned that the adults may have time

for rest, recreation, and cultural interests. We must consider the possibility of a financial return which will give them reasonable security. Just as with the children, privacy and pleasant surrounding are essential. We must raise the task of daily care of children to its proper level. It is more than washing of ears and mending of socks—it is a distinct contribution to the field of child study and training. If we are to attract and hold persons of high caliber in this work, we must plan for their participation in program development and provide opportunities for growth and advancement in the ranks.

How may these needs of children and adults be met through the program?

From the superintendent up and down through the board and staff, there must be acceptance of the fact that children are different, with differing needs, and that so far as possible these needs must be met, even if this interferes with smooth operation of the institution. Again, it must be accepted that the emotional relationships within the institution—those of staff with staff, staff with children, and children with children—are all more vital than the buildings in which we carry on; that here is the soul of the institution which makes life for the child either an experience of growth or a deadening routine and regimentation.

We have seen modern and elaborate cottage-plan institutions where this soul is missing; on the other hand, in several instances, a rich and vital daily life is given the children in what might be called a ramshackle, out-moded building.

The mental-hygiene program may vary in each institution, depending on the type of child with which the institution is dealing and the facilities available in the community for service.

The first requisite of the program is an attitude that permeates all the aspects, large or small, of the daily routine. Individual hair cuts, ankle socks instead of long black stockings, T shirts—if desired, brown shoes instead of black, and so on, play their part, along with understanding affection, trust, and fair dealing, in making a wholesome atmosphere in which the child may develop to the utmost his or her given potentialities.

If this attitude is accepted, but professional knowledge for further understanding is lacking, then through staff meetings, reading, lecture courses, and institutes, it may be built up. This may be under the leadership of the executive or superintendent, if such a person has a fund of knowledge of child development and needs. It may be carried on as a staff study project. Some institutions have used Father Cooper's book, *Children's Institutions*, as a background of source material for self-study. Use may be made of such course material as that put out by the Ohio Committee on Children's Institutions, in coöperation with the state division of charities in Columbus. This is in simple and usable form. On the other hand, help may sometimes be secured from persons in the community who may be specially equipped to conduct a child-study program.

In some areas of the United States, planning for self-education of the staff is as far as we can go; no other resources are as yet available. We must, however, be constantly on the alert for opportunities in the community which can be developed, and as new facilities are offered, we should build them into our program.

All institutions as soon as possible should provide case-work service for their children, with skilled workers who have psychiatric understanding and who know the institution and its personnel, its assets and its limitations.

Psychological study, the estimate of the child's actual intellectual equipment, should be available in order that we may know at least roughly the type of child with which we are dealing. Nothing is more tragic than the effort of a child to live up to demands which are entirely beyond his mental ability to meet. Nothing is more wasteful than the misbehavior, depredations, and consequent punishment of a child whose good intellect is unchallenged, but whose energies are unoccupied because his true abilities are unrecognized. Though the extremes at either end of the curve are apt to stand out, with many in the middle range we fail in recognition.

Various plans have been made for psychological testing. Sometimes this is done by psychologists of the school department or from an adjacent university department or normal

school, or again through the service of a psychologist from a traveling clinic.

Psychiatric study—study of the physical, mental, and emotional life and development of the child, how he uses his equipment and what hampers him from better use—should be available for certain children who need it in any average institution group. A more intensive service will be needed for institutions that deal with particularly difficult children.

There should be opportunity for single interviews by the psychiatrist with the child. In some instances this will give enough insight into the child's difficulties to suggest ways of meeting his needs. In other instances, there must be intensive, long-continued study and treatment by the psychiatrist as needed.

More important still should be the time available for consultation by the psychiatrist with the staff members. This will involve discussion of special children and will also relate to general policies of program or to the adult's attitude and approach in handling various matters.

The possibilities for psychiatric service in our different areas range all the way from absolutely none to highly skilled service in ample quantity. In some of our suburban and rural areas which are served by traveling clinics from state schools or state hospitals, arrangements can be made for psychological and psychiatric service at stated intervals. Those institutions that happen to be in close proximity to the services of psychiatric out-patient departments and child-guidance clinics may secure this service from them. If either type of clinical service is used, an effort should be made to have certain psychiatrists and psychologists assigned to the work, in order that there may be continuity in treatment and in program planning.

It may be that the amount or kind of service required cannot be had on a coöperative basis from the already overloaded clinics. If this be the case, then it should be planned and paid for as a part of the general budget for operation of a full program. This money may be hard to find, but the returns from the investment are most gratifying if such service leads to better understanding and wiser handling of the children under care.

The psychiatrist should be identified with the institution, a part of the staff. His work must be as carefully interpreted to the staff and the board as any other aspect of the program. Only in this way will a psychiatric point of view permeate the institution's thinking.

The psychiatrist should know the staff personalities as well as the children with whom he deals in a treatment relationship. Only through knowing these persons with whom the child must live his daily life can he even guess the factors to which the child must adjust. Often, moreover, it is only through the vital relationship of the child with some staff member that the psychiatrist may work. This relationship of the child to some one in his daily life is often deeper than the one the psychiatrist has an opportunity to attain. Through guidance of the adult in this relationship, the desired results may be brought about in the child.

The psychiatrist should also have time for attendance at staff meetings. Intensive study of the child—social, physical, and emotional—if not made the basis of careful planning for the child, may be both harmful and wasteful.

As the psychiatric service for the institution is developed, staff training in psychiatric concepts should be carried on as well. If the skills of the psychiatrist and the social worker are too far beyond the intelligence and understanding of the house staff, difficulty will arise at once and treatment plans will be blocked. For instance, the child who needs to express aggression may be making excellent progress in releasing her emotion. After her last bout of overt behavior, we take her to the psychiatrist, who says: "Fine! She's coming along well." We return and tell this to the house mother, only to have her explode with, "Well, I wish he had to live with her while she releases it!" Careful interpretation, step by step, of the psychiatric concepts involved is necessary if the house staff are to play the vital part they should play in the treatment plans.

The psychiatrist must also keep us ever aware of the part the child's parents play in his emotional life. Living or dead, absent or present, they do play a part emotionally, and this must not be overlooked. The child's relationship to them in



the past and in the present colors his behavior, his wishful thinking, and his idealism.

Probably because of the fact that child care developed to meet the need of orphans, it has taken us a long time to recognize that children can never with advantage be isolated and their family ties, however meager, disregarded. In child-placing agencies and institutions, we are now being forced to realize that we are dealing in the main with children possessed of one and often two parents—parents who, through incompetence, willful neglect, or pressure of circumstance beyond their control, have failed their children in one way or another. We must then give the child help in understanding and accepting this without bitterness—and we must help him to capitalize on any assets he may have. Even in the case of undesirable parents, it may be a service to the child to allow him some contact with them, thus giving him a chance to face the reality of their limitations, instead of cutting the tie entirely and forcing him into a most unreal idealizing of them. Visiting at the institution and at home and work with relatives should be one of the most carefully developed phases of the mental-hygiene program.

To sum up, it is the atmosphere of the institution and all that goes into the daily living program that make for a mental-hygiene approach to the child.

We must build up security for the child through wise and understanding affection. We must build self-esteem in innumerable different ways—through careful selection of clothing, through the teaching of money and property values, through the planning of discipline, through vocational training, recreation, creative activities—and through sympathetic guidance in the acceptance of life as it is.

Then we must have a well-selected, well-balanced personnel and skilled professional study by the social worker, the physician, the psychologist, and the psychiatrist as needed and as it can be obtained.

We want to understand the particular child and his needs. We also want our program in all its ramifications to be basically sound from the mental-health point of view. We want the atmosphere of the daily life of the institution to be such that the child may, through the group experiences and

adult relationships offered him there, learn to be emotionally and economically independent, able to make his way in a community with which he is familiar and at ease.

Mental health for the child means much more than simply freedom from disease. It means freedom from the warpings and twists of personality and attitude which will hamper the child and prevent him from facing life squarely and holding his own in the complex world in which ultimately he must live.

## EUGENICS AND EDUCATION \*

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IT is worthy of note that to-day we must specifically and deliberately ask about the relation of formal education to eugenics and the aims and purposes of the modern eugenics movement in this country. When we pause to reflect on the situation, it is indeed curious that we should raise this question, since it is difficult to see how any educational program can or should be unrelated to the betterment of the conditions, the attitudes, and the practices that govern the bearing and rearing of children. It happens, however, that our formal education derives in large part from traditions and sources that either neglected or scorned such mundane things as the family, marriage, and child-bearing and rearing. Academic education has been preoccupied with mental discipline, with science and scholarship, the training of the mind, and, more recently, with preparation for vocations. It could, with fair justification, neglect the other aspects of life because both the home and the church were ready, willing, and able to undertake the education of young people for marriage and family life and child-bearing. It is generally agreed, however, that present-day conditions of living have changed so markedly, and the advances of knowledge have been so great, that the traditional education of the family is no longer adequate. Moreover, it is clear that the cultural traditions that had been transmitted by the home and the church are no longer integrated and strongly sanctioned as in earlier times, nor are they appropriate to modern life.

We have, therefore, new bodies of knowledge, new understanding about biology, psychology, child growth and development, and new insights into personality and mental hygiene, that have an immediate bearing upon marriage, the family, and the rearing of children. This new knowledge and these

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new insights must be communicated through the channels of organized education, so that they may begin to influence the lives of people as they mature and come to the age of mating and child-rearing. Moreover, there have been large additions to our knowledge and techniques in the matter of guarding the health and welfare of children and adolescents and of protecting young people against both physical defects and emotional distortions that will either interfere with their adult adjustments or compromise their marriage and their care of children.

In the light of these new contributions, it is evident that the schools and colleges can and must address themselves more effectively and more understandingly to the education and nurture of children, invoking all the skills and the professional knowledge we now have to meet that important task. Such programs by the schools should be recognized not only as beneficial to the children, but as offering reassurance and help to parents who are struggling to give their children the benefits of modern knowledge of child-rearing, often at great sacrifice and with considerable anxiety. From this point of view, the school becomes, not a rival to supplant the family and the home, but a community-supported agency offering the kind of service and care that families wish for their children, but can rarely provide through individual effort, not only because of the high cost on an individual basis, but because of the great difficulty of coördinating the various services and specialties through purely individual consultation and treatment.

We may look forward, then, to a growing recognition in organized education of a legitimate need for nursery schools that will provide really competent supervision—mental, physical, nutritional, social—of the young child's development; for parent-education and child-study meetings to keep parents informed of the newer developments in child-rearing and to communicate the newer insights and understandings as to wholesome personality development and the protection of the child's mental health; for school medical services, physical education and hygiene, psychiatric services, and the wide variety of instruction in and wise supervision of the activities—athletic, artistic, recreational—so necessary to the

rounded, wholesome development and social adjustment of children; and, more generally, for the adoption of the conception of the school as essentially *the* child-welfare agency of society. Only too often does the school appear to be dominated by the feeling so well expressed many years ago by Agnes De Lima in the title of her book, *Our Enemy the Child*.

Children need an immense amount of affectionate understanding, toleration, and intimacy if they are to grow up to be mature and well-adjusted adults, both capable of accepting and ready to accept the responsibilities of marriage and parenthood. In view of the wide prevalence to-day of conflicts, emotional disturbances, and broken homes, it is especially necessary that the school shall provide an atmosphere markedly reinforced by genuine affection and tenderness, to enable children to bear the emotional disturbances from which so many of them now suffer. Accumulating clinical evidence shows with increasing clearness that the all-too-frequent emotional maladjustments of adult life, which prevent men and women from marrying and having children, arise from an unhappy childhood in which they were deprived of much needed love and affection and of the opportunity to give affection. These personality difficulties are peculiarly frequent in the very superior men and women who have the most to contribute physically and mentally to the next generation. In the larger perspective of social development, we can well afford to sacrifice some of the much prized academic competence and skills for the sake of better integrated, more wholesome-minded boys and girls, who can go forward to maturity with fewer fears, fewer anxieties, fewer neurotic conflicts and disabling maladjustments, all of which have a profound influence upon their attitude toward marriage and child-bearing. The experience of various experimental schools is already showing that formal education is more effective when given in a setting of warm concern for the child.

Here, again, we must look to organized education to undertake a task that is wholly at variance with educational traditions. Until recently—as Professor Whitehead, of Harvard, has so clearly indicated—education could proceed on the assumption that the lives of the children would be substantially the same as those of their parents, and that its larger



responsibility was to pass on the wisdom of the ages and to perpetuate the cultural traditions. To-day we are beginning to realize that many of the cultural traditions we have inherited from the past, especially those that relate to the family, are themselves responsible for the frustrations, distortions, and maladjustments of family life and the warping of the personality of young children. In a very real sense, the problem of mental hygiene resolves itself into the question of how we can free people from the ideas and conceptions and beliefs and the emotional attitudes toward marriage and sex, toward child-bearing and rearing, that have been inherited from the past, but that, we are now beginning to see, are responsible for much human failure and maladjustment. The clinical material now available indicates that in a vast number of cases homosexuality, prostitution, sex offenses, and celibacy are the products of these traditional ideas and teachings and the emotional distortions they inflict upon children and youth, especially the children of the better favored families.

Schools and colleges must recognize the urgent personality problems that confront the adolescent boy and girl, who must strive toward freedom from emotional dependence upon the parents if they are to grow up capable of entering into marriage and adjusting to the relationships that marriage entails. The pattern of masculine conduct, the rôles of husband and of father, need to be clarified and integrated and purged of many vestiges of patriarchal traditions, of male dominance and sex ignorance, especially as regards women's sex needs and capacities. Likewise, the patterns of feminine conduct, the rôles of wife and of mother, are in need of revision and integration so that young women can begin to reconcile their personality and sex needs and their functions in marriage and child-bearing with the social life of to-day. These are urgent questions of mental health and social adjustment with which schools and colleges, especially women's colleges, must be concerned, because no other social agency apparently is able or willing to deal with them. Here æsthetic experiences offer the most effective instruments to education because they alone can communicate insights and clarify values.

Thus the task of mental hygiene, in its larger aspects, is the same as that of eugenics, as it is now stated, since it is clear

that any effective program of education for eugenics must be predicated upon this same concept of mental hygiene. We cannot, merely by teaching biology and the mechanisms of heredity, or by pointing with alarm to the falling birth rate, expect to exercise any significant influence upon the conduct of men and women with respect to marriage and child-bearing. Learning is governed largely by the selective awareness of individuals who receive knowledge and experience in terms of their curiosities, their perplexities, their anxieties, and their aspirations, not merely of their intellects. In these important areas of life activity, behavior is governed essentially by the emotional attitudes of men and women toward life, by the values they have learned to cherish, and by the personal, emotional freedom that enables them to go forward to adult life with hopefulness and with confidence that through marriage, through sex fulfillment, and through the bearing and rearing of children, they can and will reach their richest and most significant fruition.

Our inherited social philosophies and our religious, moral, and ethical traditions are conflicting and confusing to youth. The ages-old attitude toward sex as wicked, sinful, obscene, and degrading is maintained along with the equally ancient injunction to increase and multiply, with marriage as a socially sanctioned condonation for the exercise of sex functions. The guilt and anxiety these conflicting teachings engender are the source of much marital discord, unhappiness, and conflict which frequently deter men and women—and the finer, more sensitive, and more intelligent they are, the more liable to this danger—from marriage and child-bearing. If we do believe that in marriage and child-bearing men and women can find the road to such happiness as is possible to human beings, then we must develop a new social philosophy and a new ethical and moral teaching. As Otto Rank has poignantly remarked, “man everywhere seeks happiness—but only gets success.” The overemphasis upon economic security and the constant stimulus to competitive striving for property, prestige, and status are directly antagonistic to the values of inner security and personal fulfillment, which can be reached, not through the gaining of status and the externalizations of life,

but through enrichment of living by the intimacy, the affection, and the close human relationships of family life and parenthood.

We must recognize that the general acceptance and practice of the control of conception to-day is rapidly bringing a religious crisis. For the first time men and women are confronted with the necessity of deliberately affirming or denying life. Heretofore, child-bearing has been largely involuntary and unplanned, and this helplessness has been met with resignation and the religious injunction to accept these involuntary responsibilities. But to-day, with conception becoming more and more a question of voluntary and affirmative action, it is clear that men and women need a religion that will give a new faith and courage and that will bring a conviction about life that will emotionally justify procreation. To what extent and in what fashion organized education can meet the need for such an affirmative philosophy of life is, indeed, a searching question. Perhaps we may say that to the extent to which organized education genuinely strives to foster saner and more wholesome personalities—not individuals who are fighting a lifelong battle of rebellion against their parents, not individuals who are neurotically afraid of responsibility or sex functioning, but individuals who are able and willing to find their fulfillment in merging themselves into the ongoing stream of life—to that extent it will have made its contribution to the goal sought by the eugenic program.

The other great contribution that education may make to this program is through helping to develop an awareness on the part of young people of the necessity for creating a *social* life—decent housing, adequate family income, more recreation, health facilities, and so on—that will make it possible for sane and well-adjusted individuals to project a design for living with some prospect of being able to realize it for themselves and for their children; and through fostering a social philosophy that will enable young men and women to resist the terrific cultural pressure for prestige and success that so often makes necessary the sacrifice of parenthood.

The eugenics program in education involves much more than courses of study, much more than the communication of

basic knowledge of biology, social hygiene, and demography, important as they are; it involves a fundamental philosophy of the relation of education to life and the acceptance by educators of human values and human goals that go beyond academic competence and success. As President McCracken said, "the indirect methods of advancing the eugenic program cannot be overemphasized. If the eugenist is to save his soul, he must first lose it."

## MENTAL HYGIENE OR CHARACTER EDUCATION? \*

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THERE are in the field of personality and character building to-day two programs—one, instigated and fostered largely by educators, known as character education, and the other, a brain child for the most part of psychologists and psychiatrists, known as mental hygiene. It would hardly be proper to say that these two disciplines are contending against each other for public favor, although, in a sense, that is true. There has been no direct head-on clash between them, but in so far as one point of view is adopted, it sometimes tends to exclude more or less the acceptance of the other. In some cases at least, the adoption, either consciously or unconsciously, of the character-education point of view would seem to constitute a source of opposition to the more complete and full-hearted acceptance of the mental-hygiene program. Whether such an attitude is the better part of wisdom is still open to question. It may be that the two fields of effort are irreconcilably at odds with each other. It may be that they are headed in opposite directions. It may even be that the objectives and methods of character education are to be preferred to those of mental hygiene. Certainly, however, such questions as these should not be answered too hastily, but rather on the basis of a careful and impartial scrutiny of both points of view.

The present writer has been interested in both lines of endeavor and is interested in presenting here a brief and, he hopes, relatively impartial comparison of the character-education and mental-hygiene points of view, with the aim, particularly, of emphasizing some of the aspects of character education that mental hygiene might do well to imitate. The tone of the comparison should not be taken as indicative of

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the speaker's preference, but rather as an attempt to clarify and reëvaluate some of the objectives of mental hygiene in the light of the goals of a related field of effort.

To begin with, of course, the objectives of character education and of mental hygiene are differently stated. Presumably the character educator is primarily interested in the problem of character development, while the mental-hygienist is more largely concerned with the entity known as personality. That it is possible to differentiate between these two aspects of the individual's make-up, there can be little doubt. In general, we regard personality as an end-product of the integrated functioning of the mental and physiological activities of the organism. When all the drives and impulses of the organism are so coördinated that they work in harmonious and balanced fashion to enable the person to live his life at its richest, fullest, and happiest, we say that the individual has made a good personality adjustment. Character, on the other hand, has to do more largely with the observance of social goals and objectives. From a psychological point of view we are perhaps more interested in the mental mechanisms that underlie adherence to social customs and regulations and are inclined to stress the fact that character is manifested in the making of choices, in the exercise of "will power," or in dealing with conflict; however, the psychological emphasis is in no wise opposed to the moral emphasis, but rather supplements it.

I am not so much interested, however, in drawing an academic distinction between personality and character as I am in pointing out—and this is the point I should like to emphasize—that the two terms represent types of behavior whose practical consequences are quite similar. I used to go to considerable time and trouble in certain classes to point out the difference between personality and character, it is true. Having made the distinction, however, I often found myself wondering just how often we do find an individual who, as I usually pointed out by way of illustration, has made a good social adjustment and yet is lacking in most of the essential traits of character. Furthermore, I wondered if, assuming for the moment that such an animal exists, he is really so well adjusted as we are inclined to assume from our observation

of his behavior. If there is anything to the idea that the integration and coördination of the various drives of the organism is the fundamental basis of a well-adjusted personality, it is difficult to see how those impulses could be so out of line with one another as to give rise to character problems and yet be well enough coördinated to make possible an adequate social adjustment. Such a line of reasoning, when followed to its logical conclusion, would suggest that personality and character development, instead of supplementing each other, are actually antagonistic to each other, which seems difficult to believe.<sup>1</sup>

After I had gone to some time and trouble on several occasions to make the distinction suggested above, I began to suspect that there was some flaw in my reasoning, which I have tentatively located in my definition of personality. While the definition I have suggested is not particularly out of line with those that are generally proposed, it seems to me that it is a trifle narrow. When one begins to expand it enough to avoid the complications just mentioned, though, one is apt to be struck with the fact that the distinction between personality and character almost wholly disappears, from a practical point of view at least, and the differences between character education and mental hygiene, so far as fundamental objectives are concerned, begin to narrow down very considerably.

Even so, however, we do find differences in the ways in which the two disciplines actually work out in practice. While

<sup>1</sup> It is this problem to which Hartshorne and May have addressed themselves in their discussion of individual as opposed to group integration. (See *Studies in the Organization of Character*, by Hugh Hartshorne, Mark A. May, and Frank K. Shuttleworth. Vol. III of *Studies in the Nature of Character*. New York: The Macmillan Company, 1930. Chapter 25.) Their evidence does seem to indicate that such integration as is exhibited by school children is primarily a social rather than an individual phenomenon and that the individual is frequently called upon to sacrifice personal integration in the interests of conforming to the demands of the group. If we equate personality to individual integration and character to group integration, which would not seem to be doing too much violence to the customary interpretation of these terms, then we are forced to conclude that there is a conflict between personality and character. In so far as a person develops one, he is precluded from achieving the other. However, Hartshorne and May specify quite clearly that "there is nothing in what we have found that makes a higher or more useful integration of conduct impossible." In other words, personality and character are not intrinsically opposed to each other, and in so far as they are, a flaw in our personality- and character-training methods is probably indicated.

the fundamental objectives of the two fields of endeavor are closely enough related so that they might have achieved the same ends, the actual consequences of their efforts have been more or less divergent—and the “real proof of the pudding is in the eating.” In the first place, while one of the avowed objectives of mental hygiene is the prevention of personality and character deviations, it seems to me that the efforts of character educators have been more specifically directed toward this end than the work of mental-hygienists. While the mental-hygienist has been engrossed in the work of setting up clinics to salvage those individuals who have already become maladjusted, the character educator has been attempting to capitalize on educational techniques, both old and new, with a view to preventing the development of personality and character problems in the first place. Most of the chapters in a recently published book by H. C. McKown, entitled *Character Education*,<sup>1</sup> deal with the problem of how such academic techniques as the recitation, the curriculum, the home room, the activity school, the assignment, and extracurricular activities can be utilized to the best advantage in promoting the development of character. Taking the child as he finds him when he first comes to school, the character educator would seem to be primarily interested in knowing how the school and the home environment can be so manipulated as to contribute, not only to the prevention of behavior deviations, but to the development of a well-poised, well-adjusted character.

Do not mistake my meaning. I am not saying that the mental-hygienist has neglected the preventive aspects of his discipline. Much has been said and written by mental-hygienists concerning the importance of so controlling the child's environment as to avoid traumatic and emotionally disruptive experiences. I am saying, however, that the mental-hygienist has lagged behind the character educator in actually doing something about the situation from a preventive point of view. It may be that the character educator, in closer contact with the school situation as he is, is in a more strategic position to carry out his reforms; but the fact remains, it seems to me, that he has been more progressive in this matter.

A second point of difference in the achievements of character

<sup>1</sup> New York: McGraw-Hill Book Company, 1935.

education and mental hygiene lies in the fact that the character educator has been somewhat more cognizant of environmental forces than the mental-hygienist. This difference may grow out of the fact that character is defined in more strictly environmental terms than personality. Recognizing all the while that in order to have a well-balanced personality the individual must be able to make a good adjustment to the social group, we as mental-hygienists have, nevertheless, tended to stress individual integration as the basic concept in personality development. This means, of course, that in many cases we have tended to stress the personal rather than the social implications of personality. The character educator, on the other hand, has been inclined to place the primary emphasis, in setting up his objectives, upon conformity to and recognition of the social situation. Here, again, it is not so much a matter of emphasizing one point of view to the utter exclusion of the other, but rather of the relative emphasis placed upon the social as opposed to the individual aspects of the problem. And I say that in my estimation the character educator, in setting up his objectives, has tended to give more recognition than the mental-hygienist to the social phases of personality and character building.

His aims having been defined from a more strictly social point of view, it perhaps is only natural that we *should* find the character educator giving more attention to environmental reforms. In any event, though, it would seem to be true that the character educator has frankly raised, and is now facing in an aggressive manner that mental-hygienists will probably ultimately have to imitate, a number of questions concerning the composition, nature, and practices of our present-day civilization. A chapter in McKown's book is devoted to a discussion of character and modern life. One of the most stimulating discussions of the effects of modern life upon personality and character building that I have yet read appears as a chapter in the Tenth Yearbook of the Department of Superintendence of the National Education Association, which is devoted to character education. A recently published book on mental hygiene by a recognized authority in this field, on the other hand, has nothing to say on this point. Again, it is not that the mental-hygienist is unaware



of the necessity of raising and facing these issues, but rather that he has chosen to throw the weight of his influence in other directions. The question arises, however, whether mental-hygiene objectives can ever be realized fully and completely unless a stand is taken on some of these issues. It may be objected that, as scientists interested in the objective study and solution of some of the problems of human behavior, we should avoid taking stands or making statements that smack of propaganda. We should recognize, however, that propagandizing activities already bulk large in the mental-hygiene program, whether we like it or not. And there would certainly seem to be no disgrace, but considerable virtue, in engaging in the dissemination of propaganda when the cause is just. Dr. E. L. Thorndike, in his presidential address before the American Association for the Advancement of Science not so many months ago, emphasized the importance of attacking problems involving human values from a scientific point of view, and that would seem to be essentially what we are doing in the mental-hygiene program.

Finally, I should like to raise the question whether character educators have not been somewhat more cognizant than mental-hygienists of the creative aspects of personality and character. Neither personality nor character has a mortgage on creative living. The concept of creativeness applies just as directly to one as to the other. Neither has achieved its fullest expression short of creative living. However, it seems to me that the character educator has been a little more forward than the mental-hygienist in adopting the creative life as one of the objectives of his program. His techniques and methods also seem to be more directly pointed toward the development of this quality within individuals. For example, the definition of character education found in the yearbook of the National Education Association to which reference was made a moment ago makes much of the idea that the primary goal of character education is the discovery and *creation* of a way of living. In other words, character is a matter, not only of conforming to group customs and conventions, but of creating new ways of living, or exercising the imagination to the end of opening up new vistas of behavior, new concepts of right and wrong. There is food for thought here, particu-



larly for those who are inclined to regard adjustment to conditions as they are as the ultimate objective of the mental-hygiene program. If the primary idea of this program is to crush out individual initiative and make yes-men of all our children, it is not a mental-hygiene program at all. I do not believe that the informed mental-hygienist ever had any such thought in mind, and yet this is an interpretation that has been placed upon mental-hygiene aims by some individuals.

In closing, let me say again, as I said in the beginning, that the tone of this discussion is not to be taken as indicating the direction of the speaker's preferences, for even while recognizing the faults of our discipline, it must be admitted—even by the character educators, I believe—that mental hygiene is basic in any effort at personality and character building. Before an adequate superstructure of personality and character can be erected, the crevasses and flaws in the psychological foundation must be brought to light and reinforced. The reconstruction of this substructure is the job that the mental-hygienist has accepted as his own. And the character educator has frankly recognized the priority of the mental-hygienist in this phase of the work. McKown devotes a chapter in his book to a discussion of the case study and individual counseling, and recommends that definite character deviations be handled by some one skilled in such work, presumably a psychologist or a psychiatrist.

It should also be said to the credit of the mental-hygienist that he proceeds much more scientifically in his efforts at personality and character building. There has been a very noticeable inclination on the part of character educators to put in operation various techniques on the assumption that they will be effective, without making any further effort to evaluate them. A few attempts at such evaluation have been made, but they have been quite sporadic and infrequent for the most part and, it might be said, not particularly encouraging. On the other hand, the mental-hygienist, possessed of a more scientific background, is ever on the alert to evaluate—and to reject or accept as the case may be—his various techniques and procedures. These virtues alone would make of mental hygiene an indispensable technique in dealing with the problems of personality and character building.

In the long run, anyway, it will probably not be so much a matter of choosing mental hygiene *or* character education, but rather of merging the best features of both disciplines into a united effort. I am reminded of the trials and tribulations of the characters depicted in the cartoon entitled *Born Thirty Years Too Soon*, for had you waited thirty years to attend a meeting of the Kansas State Mental Hygiene Society, you probably would not have had to listen to a paper on "Mental Hygiene or Character Education?"

## PSYCHIATRIC PROBLEMS IN A GROUP OF TRAVELERS AID SOCIETY CASES

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THE Travelers Aid Society is a social organization whose purpose, according to its articles of incorporation, is "to provide information, advice, guidance, protection, and shelter to travelers and strangers." In the course of carrying out this purpose, it is obvious that the organization comes in contact with a great number of individuals who present moderate or severe problems of a psychiatric nature. In the handling of these, the New York society has heretofore made use of a consulting psychiatrist. Recently, however, it has established a psychiatric clinic in connection with its Guest House and offices.<sup>1</sup> The present paper will deal with the first fifty cases observed in this clinic. It will indicate the type of material that comes to the clinic and the work that is being done with it.

The cases have been classified into four groups:

The first is that of the behavior problems, and of these the runaways are the most interesting. It was necessary to subdivide them into children and adolescents, and adults.

The second group comprises all the psychoses, including all forms of schizophrenia, the manic-depressive psychoses, involution melancholia, mental deficiency with psychosis, epilepsy with psychosis, general paresis, and chronic alcoholism. Obviously, additional subdivisions will have to be added to this particular group as the clinic material increases.

The third group includes the psychoneuroses, and here the subdivision is made into the psychasthenic type or transference neuroses—namely, conversion hysteria, anxiety hysteria, and obsessive-compulsive neurosis—and the neurasthenic type with somatic symptomology—namely, neurasthenia, hypochondria, and anxiety neuroses.

<sup>1</sup> The clinic was established through the initiative of Miss Virginia M. Murray, Executive Secretary of the Travelers Aid Society, with the help of Mrs. James B. Clemens and Mrs. James F. Shaw.

The fourth group contains the unusual abnormal psychological states. Two types encountered in our case material are included here—namely, fugue states and *folie à deux*.

*Behavior Problems.*—This classification was chosen because it fits in best with the material. Such conduct disorder may be primary or secondary, depending on the presence or absence of physical or psychiatric deficiency. Eight of our cases were in this group. As exemplifying this type of material, three cases of young adolescents will be presented here. The case record of an adult who falls within this group will also be reported. These all are included in the classification, "behavior problems, runaways."

*Case 1.*—H. M. was a sixteen-year-old white American boy who was born an unwanted child after a prolonged labor. He constituted the only pregnancy. He learned to walk and talk at one year, and his toilet habits were established between the ages of twelve and eighteen months. Later on, between the ages of three and four, the boy had some lapses in correct bowel and bladder care, but this difficulty was of a temporary nature.

When he was four years old, his parents separated. His mother kept him with her for two years and then placed him with a family of three. He stayed with these people for about two years and then went back to live with his mother for a year. At the age of nine, it was again necessary to place him in several different family situations.

When he was twelve years old, his mother remarried, and the boy, learning of the impending event, ran away from home for the first time. His stepfather had never openly objected to his presence in the family and apparently wished to assume and maintain a paternal attitude toward him.

The boy had had a brilliant school career up to about eighteen months before admission to the clinic, at which time he became very poor in his studies. He was to have graduated in January, 1935, but failed to do so, and failed again in June. It should be noted that he is at present only sixteen years of age. At the time his school work began to deteriorate he complained of being unable to concentrate on any of his studies, refused to obey, and began to have difficulty with his teachers in an aggressive sense. The mother would take up the boy's problems with his teachers, giving them the impression that the reason for his misbehavior was his unpleasant family situation. Finally, he began to run away from home and sleep with neighbors, usually with his mother's acquiescence. This went on for a short time and then the patient ran away to Los Angeles, at which time he came to our attention.

Both the boy and the mother were seen in the clinic and it was soon apparent that the chief psychiatric problem was the mother. The suggestion that she might come to the clinic for treatment was immediately frowned upon and was, therefore, not pressed. Instead, an attempt is being made to treat her in the home situation by having a

social worker, aided by suggestions from the psychiatrist, make frequent visits to the home. The boy, on the other hand, once a rapport was established with him, showed few abnormal psychological trends. His attitude and general behavior, stream of mental activity, emotional reaction, mental trend, and sensorium are all normal and intact. It is obvious, however, that there still is a considerable element of attachment to his mother.

His mother has separated from her second husband, and the boy is now working as a clerk in a firm of importers, earning barely sufficient to support her and himself. Such a situation would be totally acceptable to him, however, except for the fact that the mother is continually and repeatedly admonishing him about numerous trifling things. The boy states that this constant haggling by his mother frequently makes him want to run away and he fears that he may do so in the near future. He has promised, however, that he will first consult the psychiatrist at the clinic.

This is a type of case that is seen fairly frequently in the clinic and one that offers hopeful possibilities for treatment. Our effort—as, for example, in this case—is to reconstitute or rehabilitate the family situation within the limits of our means and to treat psychological aberrations so far as that is possible. The patient in this case is a young boy in whom the Oedipus situation has not as yet been completely solved. When his attachment to his mother became threatened by her impending second marriage, he handled the situation by running away from it. The treatment of the mother in this case may be a failure, but the treatment of the boy, an intelligent, cooperative young individual, promises to be highly successful.

*Case 2.*—G. McC., a sixteen-year-old white American boy, was brought to our attention by his father, who came to the offices to inquire about ways of having the patient returned from Portland, Maine, where he was being held by the police. The patient was the oldest of three children. He had a sister ten years old and another four years old.

The father was a rather small man, extremely nervous and difficult to interview. He showed a paranoid type of personality make-up and seemed to be rather suspicious of several of the people in the offices. He spontaneously offered the information that he has had difficulty with his son for many years. He expressed a decided preference for the girls in the family and said that his wife preferred the boy to the other children and that it made him angry because he thought that she preferred the boy even to him.

The boy was a full-term child with a normal developmental history. A psychometric examination made at City College, New York, indicated that he is of superior intelligence. He is at present attending high school.

His difficulty seems to have begun just before the age of ten. At that time he became interested in nature study and biology and collected many specimens of frogs, tropical fish, and books on travel. At the



same time considerable antagonism developed between him and his father, who frequently punished him by destroying some of his reptiles and fish. The father was openly antagonistic to the boy's interest in nature studies and the friction between them has continued and increased up to the present time.

During the year before coming to the clinic, he began to have difficulties at school. There were frequent fights, poor behavior in the classroom, and he tells of stabbing another boy with a knife shortly before running away to Portland. The father stated that these difficulties at school became more and more severe in the boy's effort to get even with him.

It is obvious that the father constitutes a very serious problem in this situation and therapy directed toward him is difficult to institute. The boy, on the other hand, comes to the clinic gladly and is quite coöperative in any efforts in his behalf. As in the preceding case, this patient was unable to bring about a total solution of his Oedipus situation. In this instance there was open antagonism on the part of the father and an open expression of rivalry for the attention of the mother. It is interesting to consider the meaning of the nature study on the part of this patient. One might assume that this is a sublimated expression of genital interests, and his behavior just previous to his running away—that is, the aggressiveness at school—may indicate the beginning of a regression to earlier—namely, anal—levels.

*Case 3.*—V. D. is a white American girl, nineteen years old, who came to New York from Camden, N. J. She is the second of seven children whose parents were killed in an automobile accident five years ago. Since that time the children have all been placed in various homes by the New Jersey State Board of Children's Guardians.

The patient had been visiting a boy friend on Long Island for two weeks prior to coming to the Travelers Aid Society, and had had a quarrel with him. When she was first seen in the clinic, she kept her eyes fixed on the floor, and it was only on direct command that she would look up. During the interview she stated that she did not want to return to Camden because she was not like other girls and because she could not have boy friends as the other girls could. The reason for this was soon obvious—the patient had a congenital cataract of the left eye. She was an attractive, well-developed, and well-nourished girl, but the disfiguration caused by the cataract was very evident.

She was sent to the Ophthalmological Institute of the Columbia Medical Center, where the eye was operated upon and the cataract removed. When she returned to the clinic, the change in her physical appearance was striking. This physical change was accompanied by an entire change in the girl's mental attitude. She was now anxious to return to the home she had left in Camden. Our records indicated that she had always done good work, and she would probably continue to do good work when she returned there.

Psychometric examinations in this case indicated a border-line intelligence, but because of the girl's pleasing personality, it was felt that she should be able to do housework successfully.

This case is of interest because the behavior problem was based upon a physical defect and was distinctly of a secondary nature. The behavior problem was cured by removing its primary cause—that is, the physical handicap. In this connection it is interesting to record the observations of Dr. Herbert D. Williams,<sup>1</sup> Superintendent of the State School for Delinquent Boys at Warwick, New York. He recently noted the favorable results obtained in the cases of two delinquent boys who had been suffering from strabismus. After a marked cosmetic improvement brought about through eye-muscle repair, both boys made a better social adjustment.

*Case 4.*—A. F., twenty-one years old, is an attractive American-born white girl of Slavish extraction. She left home and high school when she was sixteen years of age for economic reasons, being obliged to go to work to support herself. She has an older sister, twenty-three years old, who is married, and a younger sister, aged thirteen, who is still living at home with her parents. Since leaving home A. F. has been doing housework, but is totally dissatisfied with that type of work.

Six months before coming to us she began keeping company with a young man and was apparently very much in love with him. Three months later he left her and, the patient spontaneously added, "I ran away, too."

She left the room that she had been maintaining in the city of Cleveland and went to live at the Young Women's Christian Association in that city. While there she became somewhat depressed, was referred to the Youth Clinic in that city, and was under the care of the psychiatrist associated with it. She apparently had been given a good deal of insight into her condition, since she seemed to have very good understanding of herself and freely expressed her own feelings with regard to her problems.

She ran away from Cleveland and came to New York on impulse. While on the bus, she realized that running away would not solve her problem for her, yet she could not at that moment turn back. When she came into the clinic, she stated that she was quite ready, even anxious, to go back to Cleveland, and was advised to return to the psychiatrist at the Youth Clinic on her arrival there.

A mental-status examination on the occasion of her visit to the clinic revealed no abnormalities. One was impressed by the degree of self-analysis and insight that this patient showed.

This case presents the problem of running away in an adult with a fair social adjustment. With the loss of an object cathexis, this patient became depressed in addition to

<sup>1</sup> In a personal communication.

running away, indicating that her attachment to her boy friend (socialization) was a good one. There was insufficient evidence of neurosis to warrant the inclusion of this case in that category, and she is, therefore, reported as a behavior problem, runaway.

*The Psychoses.*—This group includes twenty-eight patients, fourteen of whom were either treated in the clinic or returned to their respective cities. The other fourteen were sent to the Psychiatric Division of Bellevue Hospital. In thirteen of these cases the diagnosis at Bellevue was the same as that at the clinic. One case, which was classified as involution melancholia in the clinic, was discharged from Bellevue with the diagnosis, "Psychoneurosis, conversion hysteria—mutism."

In the schizophrenia group there were nine of the paranoid type, no catatonic cases, two of hebephrenia, and four of the simple type. Of this group one early case of paranoid schizophrenia and one of the simple type will be detailed as typical examples. There were five manic-depressives, three in the manic phase and two depressed. There were two senile psychoses with paranoid trends, and three cases of involution melancholia. There was one case of general paralysis of the insane. In addition, of six mental defectives and two cases of epilepsy seen in the clinic, one in each of these groups had rather marked paranoid trends.

*Case 5.*—E. K. was a thirty-one-year-old, American-born white girl, the oldest of eight children. She was unmarried. Her mother died of mastoiditis in 1925, and her father of heart trouble in 1935.

At the age of eight the patient had ties of the eyes and hands which lasted a year and then apparently disappeared. After graduating from grammar school, she took a six-months secretarial course in a commercial school.

At the age of twenty-nine, in the summer of 1934, she began to have generalized headaches, after which she would become sleepy. In connection with these headaches, she developed a trend that had to do with the job she held at the post office in the city in New Jersey from which she came. She stated that she was suspected of taking either funds or stamps from the post office, and for that reason the postal authorities placed quinine and cinchona in dishes near where she worked, causing the headaches of which she complained. She knew it was the quinine that did it because she had read a description in the newspapers of quinine headaches and the description exactly fitted her case. She elaborated this trend by stating that detectives had been placed on her trail by the post-office department and that they followed her wherever she went, so that she ran away from her job and went to Philadelphia. There she felt safe for a while, but she soon began to

think that the detectives were after her again and left Philadelphia to come to New York.

A mental-status examination revealed a rather shy, slightly suspicious patient who was fairly neat and clean and quite coöperative. Except for the delusional trends outlined, her stream of mental activity was normal, logical, and coherent. Her affect and mood were appropriate. There was no defect in orientation and memory. However, retention and immediate recall, attention and mental tension, and insight and judgment were slightly defective. She seemed to have some insight into her condition and felt that possibly the paranoid trends she outlined might be products of her imagination. She inquired with some anxiety about her mental state—that is, whether or not she was crazy.

She was reassured and was advised to try to obtain some sort of household work. It was felt that she might be able to do this and at the same time she could be followed in the clinic. She succeeded in obtaining employment as a maid in one of the larger hospitals in the city and worked there for three months, keeping up her visits to the clinic. Then, without notification to her physician, she left her job. Inquiries at the hospital indicated that they were very well satisfied with her and regretted having lost her as an employee.

This case is classified as an early paranoid schizophrenia. At the time when this patient was first seen in the clinic, it seemed that, because of her possession of some insight, she might be allowed activity in a social sphere instead of being institutionalized. Apparently this adjustment, although temporary, was a good one, since she found employment and her work was quite satisfactory to her employers. The exact cause of her leaving is unknown, but it is safe to conjecture that she probably had a recurrence of her delusions and was again running away from them.

*Case 6.*—A. H. was a nineteen-year-old American girl who came to New York from Massachusetts. Her history indicated that she got along quite well at home and in school. She graduated from high school, having been interested in writing for the school newspaper and at the same time being in charge of the literary column. She had written numerous poems and articles for that paper and came to New York to find work in connection with the newspapers here. She had no introduction to any of the people associated with newspaper work in this city, but felt that recognition of her sterling qualities would secure her the work. She refused to do any other type of work except possibly proof-reading. She had tried housework for a few weeks, but had soon given it up. Since then she had been living in the company of, and being supported by, another girl who earned barely enough to keep herself in room and food. She was perfectly willing to go on in her present circumstances, waiting for a position to come to her. She refused to return to her home in Massachusetts.

Mental-status examination showed no defect except in insight and judgment.

This girl represents a classical case of simple schizophrenia. Her interest was definitely limited, and rather gradually and insidiously there seemed to be developing an apathetic state from which it was becoming more and more difficult to arouse her. There were no expressions of delusions or hallucinations.

The four cases in the clinic that fall into this group all present approximately this same picture. They are by far the most difficult type to deal with.

*Psychoneuroses.*—The patients in this group are divided, as has been noted, into the psychasthenic type, or transference neuroses, and the neurasthenic type with somatic symptomatology. In the latter group the etiological factor is concurrent with the neurosis.

It is interesting that among the fifty cases on which we are reporting, only one psychoneurosis was seen, and this inadvertently. This raises the question of the adjustment of psychoneurotic individuals in their particular environmental situations. The fact that they are not seen in the type of clinic under discussion would indicate that, in spite of a poor social or psychological adjustment, these individuals are content to carry on in the immediate sphere of their family existence.

*Case 7.*—R. H., twenty-seven years old, was an underdeveloped and undernourished unmarried girl of American extraction. She was brought to the clinic for physical examination to determine whether or not she might visit her mother, who lived in northern New York in the mountainous regions of the Adirondacks. The patient at the time of the visit had a cough and a cold. The examination was requested because the medical clinic to which patients are usually taken was closed.

R. H. was an only child. Her father died when she was seven, after which she lived alone with her mother. At the age of seventeen, after completing two years of high-school work, she went to a hospital for a gynecological operation. At the same time her mother remarried and went to live with her second husband in another village. The patient acquired a married stepsister of thirty and three stepbrothers, twenty-eight, twenty-six, and twenty-three years of age. When she left the hospital, she felt that she had been cast aside by her mother and was unable to get along with her step-relatives. She therefore left home and came to New York, where she worked as a domestic, getting along quite well.

She had been a sickly person as long as she could remember and had been taking various medications for her gastrointestinal tract and to



build up her lungs ever since she left home. She enumerated many physical complaints of varying type and character.

Physical examination indicated a slight degree of prognathism of the upper jaw, a high-arched palate, and slight myopia. There were numerous ties of forehead, eyebrows, and nose. The heart and lungs were entirely normal except for occasional coarse râles, which were obviously bronchial.

This patient was classified as a psychoneurotic, neurasthenic type. It was felt that the etiology was concurrent with the neurosis, so far as we were able to ascertain from the history. The presence of tics, which are pregenital conversion symptoms, was suggestive of the transference type of neurosis, but the factors that made necessary her visit to the clinic were the neurasthenic complaints.

*Unusual Abnormal Psychological States.*—Two of our clinic cases come under this classification—one of fugue states and one of *folie à deux*. These cases are very interesting, and both will be reported here.

*Case 8.*—R. A. was a thirty-four-year-old white married American woman, of German-Irish extraction. She was referred to the society by the police.

This patient had had periods in which she would feel the necessity of running away from situations, both pleasant and unpleasant. "I have to drop everything and go away, even though I am happy in what I am doing." She tells of one such episode when she was a child, at which time she ran away from home, knew nothing about it, and was discovered in the house of utter strangers. She seemed to have had many such episodes up to the time of her first contact with the Travelers Aid Society.

Apparently she had married twice, having become separated from her second husband many years ago. Her only child by that marriage died at the age of fourteen, two years before her visit to the clinic. At that time she did not run away, but stated that she felt very much upset and cried for a long time. Recently she had been living on Long Island in a small shack, which she had bought, supporting herself by various bits of housework.

One day, on returning from work, she found that her house had burned down. She stated that when she first saw the condition of her home, something seemed to "snap" and she stood in a daze. She remembered looking at the ruins for a while and picked up a piece of badly burned table. She remembered seeing her clothes lying outside the ruins. These had been rescued for her by a neighbor. From that point on she remembered very little. She thought that she took the Long Island Railroad to Brooklyn and had some faint recollection of having been there. Next she remembered the Pennsylvania Station and recalled that one woman gave her two dresses and another a Bible. She had these possessions when she came to the Guest House.

When she first arrived, she had a ravenous appetite and was excessively sleepy, but she soon recovered from this state. She was seen by the consulting psychiatrist two days later. At that time she was in good contact with her surroundings and perfectly willing to face her situation, but her memory of the two days after the tragedy was still extremely hazy.

She was helped to return to some friends and nothing further was heard from her for three months, when she reappeared at the Travelers Aid Society desk in Grand Central Station. Apparently she was again in an amnesic state, and she was sent to the Guest House. She was seen in the clinic the next morning, but by this time she was in good contact with her surroundings. She was unable to recall most of the events of the preceding day.

She was a short, stocky, pyknic type of woman, poorly and slovenly dressed, but clean. She answered questions fairly readily. Her attitude and general behavior, emotional reaction and mental trend were quite normal. In the stream of her mental activity there was no defect at the time. She was well oriented, and recent and remote memory were intact except for her periods of amnesia. She was unable to recall exactly what she had done during any of those periods. Her thinking capacity, attention, and mental tension were good. Her intelligence seemed somewhat defective and was classified between border-line and low normal. She seemed anxious to return to work and felt that this would be the best solution of her problem. Physical examination was entirely negative.

This is a case of fugue states in an individual of lowered mental capacity. It is interesting that there was a complete inability on the part of this individual to recall any of the incidents that occurred during these states, even though at the time of the examination she had just recovered from one of them. Most important is the history of such psychological abnormality, even during childhood. It is probable that the episodes have been numerous.

An attempt is being made to maintain contact with this patient, so that, should another such episode arise, she may be immediately hospitalized and carefully studied during her attack. She cannot be treated in the clinic because she lives too far out on Long Island.

*Case 9.*—Mary G. T. and Sadie E. T. were two elderly spinsters, sisters, fifty-nine and fifty-six years of age respectively, who came to New York from a small town in Massachusetts. They were born there and had lived there all their lives. Miss Mary worked first as a school-teacher and then as a real-estate dealer, while Miss Sadie was a stenographer. They had accumulated a comfortable amount of money which they had invested heavily in real estate, spreading their finances over so much property that they had very little equity in any one place. With the depression of real-estate values from 1930 onwards, they gradually

began losing their property so that by 1933 or 1934 they were almost penniless. They had always been very independent women and were well educated, and becoming dependent on welfare societies apparently worried them considerably. They frequently refused aid from their friends, yet at other times they were forced to borrow money from them. There were occasions when they faced starvation.

In the early part of 1936 their activities took on a mysterious mien and they spoke of having some very important things to do and some particular plan in mind. They were going to put the whole world on "easy street" with this plan of theirs, and they felt that such a plan could be put into operation on as small a sum as \$25. On one occasion they went to a neighbor and insisted on using his telephone. They then proceeded to call Mr. J. P. Morgan at Washington, paying no attention to the cost of such a call. On another occasion they went to another neighbor and insisted on being driven to Boston immediately. When they got halfway there, they stopped and bought a newspaper and then announced that the Italian war had begun and that there was no need for them to go further, so they had their neighbor drive them back. Upon their return they told the neighbor that their idea in going to Boston had been to prevent the war.

When they were at home, they were seen together on the street morning, noon, and night. During conversations Miss Mary would take the initiative and Miss Sadie would agree to all her sister's schemes and plans.

They came to New York ostensibly to sell their plan for better government. Their idea was that there are a great many stubborn people in the world, especially those connected with politics and government, and their plan would make these people more understanding and everybody else happy.

Miss Mary was seen by the psychiatrist. She appeared to be in a highly nervous state. Her speech was quick, but very vague. She was secretive and suspicious and refused to discuss her business in New York or her plans for the future. Although her mood was fairly cheerful, questioning seemed to arouse irascibility. She spoke of horrible things that had been done to her by a group of people—things that resulted in her having to live in a state of destitution and starvation—yet she failed to show appropriate affect. Her allusions were all vague. She was constantly speaking of money that was due her and that she felt certain she would soon obtain. Miss Mary's sensorium indicated that she was well oriented and there was no defect in memory, but her thinking capacity, attention, and mental tension were somewhat defective. Insight and judgment were practically lacking.

When Miss Mary realized that she was talking to a physician, she became very suspicious and felt that she had been tricked. She returned to the Guest House and refused to allow her sister to visit the physician.

Both sisters failed to conform to any of the rules of the Guest House—that is, as to hours for meals, hours of leaving or returning, and coöperation with the Guest House hostess. Repeated requests and admonitions failed to bring about any coöperation. They were totally secretive and seclusive during their stay. After the examination by the psychiatrist, they became very much excited and it was felt that hospitalization was indicated. They were, therefore, taken to the Psychiatric Division of Bellevue Hospital.

Miss Mary was the more seriously ill of the two sisters. From a study of her history and mental status, she was obviously a paranoid schizophrenic. Miss Sadie, however, seemed to be suffering from a *folie à deux*. She was the inductee while her sister had apparently been the inductor. She did not appear to be psychotic, at least to the degree of her sister, Mary, and it is possible that with a separation of the sisters and proper psychotherapy, Miss Sadie may be able to make a good social adjustment.

The remaining eleven cases were divided as follows: Four were classified as psychopathic personality (in the old terminology, "constitutional psychopathic inferior"); five were cases of generalized organic disease without psychosis; and two were undiagnosed.

#### SUMMARY

We have reported here on the first fifty cases observed in the psychiatric clinic of the New York Travelers Aid Society.

Analysis of the material shows that two large groups made up the bulk of it—namely, the runaways and the psychotic individuals. One-half of the psychotic patients, or about one in every four of the fifty patients seen thus far in the clinic, had marked paranoid trends. In most instances these people were running away from situations because of delusions.

Only one psychoneurosis was seen in the clinic. This was a neurasthenic type.

Among the unusual types of abnormal psychological states were a case of fugue states and one of *folie à deux*. More cases of fugue states had been anticipated in this group, but only one of the fifty cases was of this nature.

## UNCONSCIOUS MOTIVATIONS IN BIG-BROTHER WORK \*

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IT is not a pleasant job to talk about the maladjustments of human beings. When one can limit the discussion to those whom we regard as patients or clients or Little Brothers, it is not so difficult, because then we can look upon the material as pertaining to people different from us, we can counterbalance the unpleasantness with the pleasant feeling that we are talking about those on the other side of the railroad tracks, while we ourselves belong to some superior race of human beings, perhaps called normal, perhaps called case-workers, perhaps called Big Brothers.

But the unpleasantness of my present discussion is not canceled out by such an appeal to our vanity and self-aggrandizement. It must be canceled out by a more mature technique, by the feeling that by facing things we can build more solidly, that by giving up certain pretenses we can gain some permanent strength. For I want to discuss here, not the problems of others, but our own—the problems of individuals who are trying to assume some professional or semi-professional rôle, especially that of the Big Brother, in the guidance of others.

And so, with all due respect for them—that is, for ourselves—let us examine these persons whom we call Big Brothers.

First of all, they are usually people with a real desire to help, with human sympathy and feeling for others, with a willingness to give of their time and effort with no material reward. Very often they give a sense of security and of positive worth to the Little Brothers that may be of inestimable value to them. Very often, within certain limits, they are doing excellent jobs, considering their lack of specific training, the difficulties of the material (the Little Brothers) with which they work, and the limitations of time.

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Now it is decidedly worth while to stress these positive aspects of the Big Brothers and their work, but too much of this would degenerate into a "pep talk," or back-slapping, or a session of mutual admiration. It would be better to go a bit deeper—beneath the nice things that can be said.

The best approach to these more central problems is to stress this fact: The Big Brother is a human being, and being a human being means being a member of the animal kingdom.

Being a human being means that one goes through a process of growth and development—that one is not born full-grown physically or psychologically. It means that one goes through vitally important periods of growth and formation, when one is physically and psychologically unable to cope with the situations one encounters. In childhood one may be starved, and be unable, because of size and other limitations, to get food or to take care of oneself. One has to give in to the powers that be, in spite of urges to independence, out of fear or out of sheer need. One may be trained by threats and fear instead of by love, and yet one has to accept it all. Cruel or neurotic or inconsistent relatives are frequent sources of frustrations. Sexual desires arise, but are impossible of fulfilment for biologic and social reasons, and are confused with all sorts of fantastic hypotheses. Of course, many happy things occur in the course of human development, but untoward situations like the above and thousands of others arise in the lives of large numbers of people.

Often such situations are taken as thwartings, as frustrations, and are associated with feelings of insecurity, of fear and anxiety. But the human, the animal, reaction is to react to thwarting with a desire to fight—that is, with anger and aggression. This anger, however, in most cases is not expressed, because it would be directed toward those who are more powerful than the child, who are necessary for life and food, and whom the child loves. So usually the anger is not expressed, but instead gives rise to more fear and anxiety.

Many factors in the life of the child contribute to increase this anxiety, and he sets up all sorts of defenses and escapes to lessen it. If he has anxiety about his anger to others, he may become a "milk-toast"; if he has anxiety about his helplessness and insecurity, he may become a boaster and a brag-

gart; if he has anxiety about relationships with members of the opposite sex, he may flee to what seems to be a safer homosexuality; if he has anxiety about homosexuality, he may pretend to be a Don Juan and use the pretense of promiscuity as a way of convincing himself or others of his prowess. If his anxiety is very great, he may give up the fight and become solitary and withdrawn; or he may develop an overly severe conscience to whip him and keep him in line. If his insecurity is great, he may develop ideas of personal power and magic strength, or impulses to self-love and self-aggrandizement. These and many other techniques of defense and escape are used against the central anxieties associated with being a human being. More healthy defenses are used, also, but these we shall consider later.

The above-mentioned patterns, arising in the infancy and early life of human beings, often persist into adult life, and these we may call the infantile residuals or hangovers. To a certain degree, depending on their specific life experience and reactions, all human beings have such residuals. To a large extent they diminish in importance with greater experience, with greater possibilities of adjustment, and with greater actual power in the struggle with the world. But in varying degrees these infantile residuals persist.

Now, in Big Brother or in case-work, how may such infantile residuals play a part? I shall make no pretenses to an exhaustive discussion of infantile residuals; I shall merely choose several as samples.

One frequent residual in a Big Brother, as in most human beings, is a desire to dominate and to control. To a certain degree, such aggressive urges can be put to excellent use in a constructive way, but if they are excessive or distorted, they can be disturbing. Particularly if they are infantile in their origin and expression, they can be destructive. For example, if a Big Brother has always felt that he never had a real chance to express himself—that his own older brother always controlled or dominated him—or if he himself felt weak and inferior in the presence of older or bigger people, he may unconsciously grab at the chance of having some one to order around, some one to follow in his footsteps. A real urge to follow in the footsteps of a mature Big Brother out of affec-

tion and admiration and not out of fear is one of the great values to the Little Brother of his Big-Brother contact, but when the Big Brother has too much of an urge to dominate, the following-in-the-footsteps has little real value. It may satisfy his own needs, but is of little value to the Little Brother.

Another form of infantile residual is the tendency to give too much to the Little Brother. I do not refer here to the positive and beneficial giving of friendship and interest, but to the excessive giving of gifts, parties, excursions, and solicitude. In speaking of the relationship of mother and child, we would call such a performance one of "smother love" instead of mother love. It leads to spoiling, to an unduly dependent attitude, to a limitation of the ability to be independent and to take responsibility. On the side of the Big Brother, such undue generosity may be an expression of guilt over an underlying stinginess or gobbling tendencies, or it may be a play for attention and affection from the Little Brother, or it may be an attempt to cover up the fact that the Big Brother really doesn't like the Little Brother.

Still another expression of an infantile residual in the Big Brother is his homosexual tendencies. All individuals are bisexual—i.e., have homosexual as well as heterosexual patterns—and homosexual tendencies are not signs of degeneracy. But homosexuality in the adult is rarely, if ever, capable of being a particularly satisfactory mode of adjustment, and in general we can say that marked homosexual tendencies in a heterosexual adult are evidence of immaturity and infantile residuals. If they are present in slight degree and if there is no undue shrinking from them, such mild homosexual tendencies may be sublimated into excellent man-to-man or man-to-boy relationships. But if the conflict is on a more infantile level, the homosexual tendencies in the Big Brother may lead to an undue need that the Little Brother shall like him, may lead to a jealousy of the Little Brother's friendships with others and so to a possessive attitude; or the reaction against stirred up homosexual tendencies may lead to a rejection of the boy as a temptation or a danger.

Still another expression of an infantile residual in a Big Brother is an excessive need to be appreciated and admired

by the Little Brother. Usually this does not take the direct form of asking for appreciation; probably the Big Brother would be ashamed to ask directly. But a Big Brother may, without realizing it clearly, be unduly on the lookout for signs of responsiveness. Then, when the responsiveness is not forthcoming or when the Little Brother misses an appointment or is late, the Big Brother may take it as a rebuff, as an evidence that the Little Brother does not appreciate or admire him enough. Such an infantile residual of an excessive need for appreciation may make the Big Brother think of himself rather than of the Little Brother, may make him forget that the Little Brother's missing an appointment is an indication of some trouble within the Little Brother rather than a lack of appreciation.

Another frequent residual of immaturity in the Big Brother is the tendency to apply his own standards, his own ambitions, his own experiences to the Little Brother, without due regard for the fact that the Little Brother is a different person, of a different social and economic group, of different life experiences. Such an attitude may of course be based simply on inexperience, on the fact that the Big Brother has never before had close contact with a person of such differing background and experience. But even with added contact with a variety of people, some Big Brothers may continue to have difficulty in accepting the fact that other people have ideas and standards that are different from their own or from that of their group, and may continue to center their attention too much on changing the group and the boys so that they will come closer to their own standards—*e.g.*, of finances, of school success, of noticeable advancement, of outstanding achievement. Such aspirations may in part be decidedly worth while, especially in connection with efforts at social change in a community or a state. But in individual work with a Little Brother, the emphasis must be on accepting and developing as far as possible the actual capabilities and possibilities of the Little Brother and his group, hoping for growth and development and advancement that may make the Little Brother happier, more secure, more capable of realizing his own potentialities. In the case of the Big Brother who overemphasizes the importance of bringing the Little Brother up to his own standards, one must consider the possibility that the Big



Brother has to too great a degree a hangover of the desire to create others in his own image, to bolster his own sense of security by believing that his standards, his ideals, his ways of life, are superior and that, therefore, he must strive to make others more like himself.

Some of the practical aspects of my discussion so far may be phrased this way:

Since Big Brothers, as human beings, have infantile residuals, they should know that such residuals exist universally. They should know, for example, of the universality of homosexual urges, conscious or unconscious, of the frequency of the masturbation problem (and the harmlessness of masturbation), to lessen their feelings of shame or guilt or fear if such impulses or urges or any like them come up in the usual mild degree. They should know that most people have an internal feeling of being omnipotent and all-powerful, and that they, like others, will resent it if a child does not respond quickly. Knowing this general psychologic fact may lessen shame over impatience, and may lessen the impatience itself because an expected reaction usually has less force than one that creeps up unawares.

The Big Brother should know in advance that probably he will be competitive—that he will want his Little Brother to do better than all other Little Brothers; if he does not recognize this competitive attitude, he may push the Little Brother too fast, may expect too much, or may be unduly angry at the Little Brother's slow progress. Recognizing his own competitive attitude, the Big Brother may avoid these pitfalls, but he need not give up the competitive attitude altogether. After all, in contrast with the infantile type of competition, which is short-sighted and destructive, there is an adult type of competition, which can be healthy, well-balanced, good-natured, and mature.

Further, with a realization by the Big Brother that he has infantile residuals can come some awareness of an excessive sympathy with the Little Brother, which may mean that he is identifying himself with the Little Brother—*i.e.*, is seeing himself in the Little Brother's shoes—to too great a degree, perhaps because he himself has too strong a hangover of the desire to be a child himself. With such an awareness he may



lessen the excessive sympathy and the excessive spoiling or strictness that so often goes with it.

I have been speaking of Big Brothers who have only a small or moderate amount of infantile residuals. The problem is a different one with those whose infantile residuals are far-reaching. Such immature individuals, as long as their immaturity persists, should not be in Big-Brother work, for their own sake, for the sake of the Little Brothers, and for the sake of the organization. From the standpoint of the organization, one important question then arises: How are such individuals to be recognized? There are no reliable tests. The best way is by an interview or a series of interviews in which the individual can be sized up. Of course, one has probably no right to inquire into the personal lives of the Big Brothers—one must deal largely with general impressions and a piecing together of information. In general, one would say that the individual should give no evidence of markedly neurotic symptoms, should show some capacity for social adjustment, should have some sort of mature adjustment to the problem of his own work, should seem relatively happy. In addition, one can look for other evidences of normality and maturity. There is of course no really acceptable definition of these terms, normality and maturity, but for working purposes, certain criteria may be used. I propose, therefore, in this last section of my paper to present a tentative set of criteria of normality and maturity, which, in some modified form, may be of help in sizing up those who are or may become Big Brothers.

One of the primary characteristics of a mature adjustment is independence. I do not mean a blustering defiance of authority or an unwillingness to take advice under the rationalization of being independent. I do not mean an independence which masks a desire to run other people's lives, to play the big boss. I do mean an independence of this sort: The individual is able to stand on his own feet when necessary, he is not still tied to his parents' apron strings, he is not dependent on others for constant advice and guidance, he is able to take some responsibility, and does not show an excessive amiability or willingness to capitulate.

A second characteristic of maturity is that the individual lives to a greater degree in terms of reality than in terms of

his phantasies and wishes or fears. All human beings have some tendency to distort reality, to see life in terms of their own desires and needs, and immature people do this to a disturbing degree. They are unduly optimistic or pessimistic in defiance of the actual probabilities; they see other people as all sweetness and light or as devils and persecutors, in spite of the actual facts. The Big Brother may regard himself as a savior of boyhood, disregarding the fact that he is not a savior or a king, but an individual doing a limited job, and so he may come a cropper. The essence of the mature reaction in this connection is the ability to make an intelligent appreciation of external realities, free from distortions of an emotional origin.

The third criterion of normality is the ability to live sufficiently in terms of long-time values instead of short-time values. The essential fact here is that, as we grow older, as we make an adjustment to life and to other people, we have to give up certain momentary satisfactions for the sake of more lasting satisfactions; we have to defer immediate pleasures when their satisfactions would block or destroy the more lasting satisfactions in life. The child gives up the pleasures of immediate relief, of his wetting and soiling, for the sake of the more lasting satisfactions of avoiding punishment or the fear of punishment, or for the sake of getting love from its parents. The child gives up the temporary pleasures of playing ball in the school yard for the more lasting pleasures of school—that is, avoiding fear, getting praise, gaining self-respect, and so on. The maturing man may give up the pleasures of casual sexual affairs for the more lasting pleasures of a less temporary relationship—for example, marriage. The medical student chooses, the night before an exam, the long-term value of studying for a career to the more evanescent pleasure of a movie. This criterion of maturity in no way eliminates temporary pleasures or short-term gratifications. In correct time and place, in vacations, in time off, when exams are not pending, short-term values—movies, playing the fool, and so forth—may interfere in no way with the lasting values. But immature and neurotic individuals violate this criterion of long-term values to a degree that is disruptive to themselves or others. In spite of the fact that

it tends to destroy him physically, psychologically, and socially, the chronic alcoholic or drug addict takes his alcohol or his drug, not out of orneriness, but largely because of an uncontrollable, compulsive need. A Big Brother may give in to a Little Brother's pleadings, to gain the temporary satisfaction of stopping the whining or of giving himself the gratification of feeling generous, forgetting the long-term values of the development in the Little Brother of a greater responsibility, of a capacity to wait or postpone, when it is necessary. In other words, one of the best criteria of maturity is the capacity to stand a necessary temporary frustration.

A fourth criterion of normality is that the individual should have a grown-up conscience instead of a childish conscience. It is not easy to clarify this distinction. For most people, there still is a carry-over of the concept of conscience as something fixed and unitary and definite, and so not to be examined in terms of maturity and immaturity. But this distinction is one of the important contributions of modern psychology. Critics of modern psychology give a badly distorted picture when they say that modern psychology advises the acting out of repressed desires. The actual recommendation is that in specific cases repressed desires or unadjusted impulses should not be repressed because of infantile conscience and should not be acted out according to infantile impulsiveness, but should be recognized as existing and then gratified or sublimated or controlled or renounced in the light of adult conscience and external realities.

In general, one may say that an infantile conscience is based on fear and guilt and phantasy, while an adult conscience is based on real dangers and possibilities. An infantile conscience is of course built up in childhood when many things are forbidden and when many things are so distorted by phantasy that they become forbidden. To rephrase it, a conscience in childhood is one that forbids things that are not possible for a child—*e.g.*, heterosexual satisfaction or independent judgment and plans and control. And again a conscience in childhood is one that is a defense against distorted or extreme phantasies of the sort that are prevalent in childhood—*e.g.*, the primitive notion of being able to kill some one by a gesture or a harsh thought, or the childish phantasy that sexuality is

a fight to the death. Such fearful phantasies lead to the formation of a strict conscience to keep out of mind even the slightest hint of a harsh thought or of a sexual desire, because of the dangers to which it might lead.

An adult individual with a large residual of this infantile conscience will even in his adult life avoid those situations which for the adult are permissible, because in childhood or in childhood phantasy they were not permissible. Such an individual may as an adult avoid sexuality even in marriage because it was forbidden or dangerous when he was a child, or he will avoid a necessary adult aggressiveness because for the child or in phantasy aggressiveness was dangerous or forbidden. An adult conscience means that the individual permits himself those satisfactions which are in keeping with adult and real possibilities, powers, and dangers, refusing to permit those satisfactions which are antagonistic to the adult reality or to his own enlightened self-interest, or which might unnecessarily hurt others.

These are not all of the characteristics of maturity. One might talk of the desirability of healthy defense mechanisms, of a sense of humor, of a willingness to give and receive things of value, of a sexual maturity, and so on, but these topics would lead us far afield.

In conclusion, one may say that the criteria discussed above are some of the criteria of maturity for which we can hope and work with the Big Brothers. A perfectionism about maturity would be to make an immature caricature of maturity, and we do not want to measure our Big Brothers with a yardstick that should be reserved for angels or demigods. But we may say that the closer the Big Brothers come to a realization of these criteria, the less disturbing or stultifying will their unconscious motivations be to themselves, to their Little Brothers, and to your organizations.

## BOOK REVIEWS

SUBSTITUTE PARENTS; A STUDY OF FOSTER FAMILIES. By Mary Buell Sayles. New York: The Commonwealth Fund, 1936. 309 p.

One quarter of this book depicts and discusses the fundamental issues involved in the foster-home relationship; the rest is made up of eight detailed histories of children placed in these substitute homes. The style is unusual. Somehow Miss Sayles shows the vast complexities that underlie the ordinary adjustments of life at the same time that she compels a recognition of a unifying simplicity in the laws that govern human relationships. I cannot think of another book that manages to show so well at once the naturalness and the frightful complexity which mark one's relationships with other human beings.

In her preface Miss Sayles points out that such help as we have had from the case material of children has largely come from problem children. Thus she hopes that a study of happy and successful foster-home care will "give glimpses of parent-child relationships sufficiently constructive to in some degree balance the destructive ones about which so much has been written." One plunges into the book with high hopes that it will deal with health rather than the absence of disease, with growth rather than the doing away with immaturity.

The body of the book fails in this purpose. In direct and rather documental fashion it stands as a manual for those who are actually engaged in placing children in foster homes. What must be known, sought for, avoided, nurtured, or weeded out in foster homes or foster children is covered adequately and concisely in nine brief chapters. The carefully done case histories, well interlarded with discussions of the points raised, are excellent illustrations of these points.

Thus this is a book that should be of enormous help to any person who enters the field of child placement. In fact, it is recommended to all such. Yet again, it fails in its purpose here because so many of the ordinary placement problems in the ordinary placing agency are not touched upon. There are no suggestions as to those awful children who manage to make themselves unwanted in each home, with a consequent dreary round of rapid changes; or as to the many homes in which interest in the job covers in but shallow manner the need for the money involved; as to large case loads; as to handling the blight of being known as "state wards"; and so on. If all placements could be with such as those who light the last 200 pages of this book—well, then child placement would be a relatively simple affair.



If you start this book, you will finish it. It catches the spirit of real people in real situations. It will raise for you all sorts of new problems and questions which must be met in placement situations. It discloses the mechanisms involved in that rather disturbing way that one experiences when one sees "how simple it all is when you know the answer."

Would Miss Sayles be willing to make two books of this one? Could we have one book that shows that the problems of foster children are really the problems of all children? Could she take, for instance, the matter of adjustment to reality or to authority or to security and step by step show us how the foster child builds these structures, in a way to throw light on how other children do this? Could she add to her case of Joseph Zimmerman enough description of what the Tolman family progressively *meant* to him, to throw light on the development of many another defeated bit of humanity? This she promises in her preface—and her insights are fully adequate for the task of describing these "constructive parent-child relationships."

And then could there be another document—similar to the present—addressed to the actual problems of a few of our largest agencies? For example, what about foster placement by agencies inadequately staffed and financed? It is not a nice subject, but most child placing is being done in this way, and these children need help.

The book invites us to two roads. Both are full of promise and interest—to this Miss Sayles has well attended. A more thorough-going and single-purposed following of either road by this particular authority would be an outstanding contribution.

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SUPERIOR CHILDREN; THEIR PHYSIOLOGICAL, PSYCHOLOGICAL, AND SOCIAL DEVELOPMENT. By John Edward Bentley. New York: W. W. Norton and Company, 1937. 331 p.

This book is the result of a lecture course entitled *The Education of Gifted Children*, which was given by the author for a number of years at the University of Colorado to an audience of teachers and school officials from every part of the United States. It is a new, comprehensive textbook, a survey of present-day attitudes toward and present-day knowledge of superior children. The major emphasis is upon the educational aspect; developmental problems are not treated in the same detail.

The author discusses briefly how a theory of the gifted individual has emerged from biological and psychological thinking and research. He corrects the major theoretical misconceptions which have prevented a wide public, in the realm of parents and teachers, from

taking an open and constructive interest in superior children. Special abilities and talents are treated in the light of the theories of intelligence advanced by Spearman and Thorndike. One chapter deals with the gifted girl as compared with the gifted boy, and stresses the mission of able women in modern human society. Another chapter considers the lives of six great men, their family background, childhood, early manifestation of superiority, and achievements. It stimulates in the reader a thoughtful interest in human biography.

Relatively little space is given to a discussion of the personality traits and training of teachers qualified for the education and instruction of superior children. Nor are problems of discipline and social adjustment discussed in detail. Two chapters (IX and X) give a representative survey of methods of instruction and educational usages that have been and are beneficial for the progress of gifted students. Thus, the author describes school systems that favor either acceleration (skipping of classes, frequent promotion), or enrichment of curriculum, individualized instruction, homogeneous grouping, or the establishment of special-opportunity classes. School systems of merit from all over the country are reviewed and their advantages and disadvantages are discussed. Some samples of subject matter along these lines, outlined by selected students of the author, are given in appendices.

The main emphasis throughout the book is upon the nation's obligation to give an adequate education to its assumed future leaders in a progressive, democratic society. One has to realize that only very recently has the importance of this obligation been widely recognized. The reviewer, therefore, would have liked to find a more thorough consideration of the foundations and the goal of education. It is her conviction that the education of superior children can be treated only in close connection with education in general, based on a sound philosophy that takes into account the needs of society as well as the individual differences in men. It would be a deplorable misunderstanding if the reader should gather from this book that the goal of education of the gifted is essentially different from that of the so-called average child. Nor should he assume that fundamentally different methods have to be developed for the gifted. The more that general education is improved, the better will special groups of children be served. In the public-school systems, however, certain characteristic situations develop in connection with the educational needs of gifted children that call for special provision. Moreover, educational needs and educational systems differ greatly in different parts of the country. Accordingly, one or the other specific problem arises more or less urgently. That is why we see, in the education of the gifted, such diversified attempts at a solution.

Bentley's book offers a great amount of material and a new, carefully assembled bibliography. Students in education will find it valuable as a textbook that will stimulate them to further study and critical evaluation of educational objectives and educational institutions.

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EDUCATIONAL PSYCHOLOGY. Edited by Charles E. Skinner. New York: Prentice-Hall, 1936. 754 p.

The coöperative volume to which many different authors contribute has been growing in popularity during recent years. Few attempts, however, have been made to prepare such volumes for the use of beginning students. For advanced students and research workers, the convenience of the single volume made up of a series of separate treatises covering the various aspects of a relatively homogeneous topic, together with a well-prepared and reasonably comprehensive set of bibliographical references, has been clearly demonstrated. One need only point to the various handbooks prepared under the editorship of Carl Murchison to show how great may be the contribution of a well-planned coöperative enterprise of this sort. The contributor to such a volume who is writing for a relatively mature audience is free to assume a number of things. He may use technical terms freely without wondering whether or not his readers will understand them. He may express his own point of view (provided always that he exercises reasonable scientific caution in distinguishing between theory and experiment) without concerning himself as to whether or not this view coincides with that of other contributors to the same volume. His readers, he can take for granted, have reached a level of understanding at which they will not be too greatly concerned by apparent divergences in the thought of different writers. And finally he is not placed under the necessity of synthetizing his chapter with those of other contributors. His task is to cover a specified *topic*, the relation of which to the other topics will, it is assumed, be apparent to the sophisticated reader.

A considerably more difficult task faces the contributor to an elementary textbook that is designed to present a unified view of an entire field for the reader of relatively little training and experience. Some of the difficulty may be removed by a careful editorial policy which gives each contributor to understand at least to what extent certain fundamental concepts that are more or less basic to the subject as a whole are to be covered in each chapter. In this way some of the confusion resulting from failure to define terms and establish a common basis of understanding for the more technical phases of the

subject in question may be overcome, and needless repetition, resulting from the use of the same illustrations or the reporting of the same piece of experimental literature by each of several different authors, may be obviated. The present volume suffers from both of these faults. In the preface the editor states that "no contributor had the privilege of seeing the other chapters in advance and each one was free to develop his own chapter as he saw fit." The advantage of such a practice is not apparent.

There is, also, the question of conflicting points of view. It is true that in dealing with controversial topics, or those in which the amount of experimental evidence is scanty, the unsettled state of scientific opinion should be made clear to the student. Pedagogically, however, it is in my opinion far better for the beginning student to have the two sides of the question presented side by side, in order that he may see at once that this is a controversial issue, instead of having one point of view given in one chapter as if its truth were unquestionably established, only to have it contradicted with an equal tone of finality in the next. Inconsistencies of this sort are almost certain to creep in unless the editor is extremely alive to the problems involved and makes it his responsibility to show that here we have a clash of personal opinion on a subject on which the last word has not yet been spoken, rather than a definite contradiction within the realm of facts.

Failure to bring about reconciliation of this kind has in the present volume occasionally led to rather amusing assumptions on the part of one author as to what his predecessors have said. For example, on page 359, Garrison states, "In harmony with the principles of transfer of training set forth in the preceding chapter, it is obvious that ability in reading [a foreign language] will not transfer to the ability to speak the language." Evidently it did not occur to Garrison that the author of the chapter in question (Webb) might hold a point of view differing from his own. Perusal of Webb's chapter makes it evident that this is the case. Although he does not specifically refer to the transfer of skill in reading to language usage, he does stress the idea that some transfer has been found to occur in most of the experiments he reports. To the naïve student who has previously read Webb's chapter, Garrison's conclusion would not be at all "obvious," but would come as a distinct surprise. It is to be regretted that the editor has not been more alert to conflicting statements of this kind.

Lack of coordination between authors leads also to unnecessary repetition and to a good deal of waste effort in getting each new chapter under way. A single author, knowing what has gone before, is able to make the transfer from one chapter to another smoothly and easily without much waste motion. In the present volume, the intro-

ductory section at the beginning of each chapter seems, as a rule, to serve no very useful purpose except that of getting up steam on the part of the author. I suspect that the book might have been shortened by at least 100 pages without material loss if it had been written as a unit.

The book is divided into six main parts. Part I consists of an introductory chapter by the editor. Part II, under the general title of *Growth*, includes the following chapters: *General Nature of Growth*, by T. R. McConnell; *The Acquisition of Skills and Knowledge*, by John D. Lawther; *Interests, Attitudes, and Ideals*, by J. W. Hartmann; *Reflective Thinking or Problem Solving*, by J. Stanley Gray; *Expression and Creative Activity*, by John Madison Fletcher; *Motivation*, by Mehran K. Thomson; *The Development of the Emotions*, by Arthur T. Jersild; *Social Growth and Character Formation*, by Francis F. Powers; *Personality Development*, by Paul L. Boynton; and *Childhood and Adolescence*, by Edmund S. Conklin.

Among these, the chapters by Hartmann and Conklin are decidedly the most worth while. They are well organized and clearly written, the content is sound, and the illustrations from the experimental literature are well chosen. The chapters by Jersild and Boynton also merit favorable comment, though each of these would have been improved by greater attention to the experimental work done outside the author's own laboratory.

McConnell's introductory chapter covers the field fairly well and is upon the whole well written. Its greatest fault, from the standpoint of the introductory student, is the tendency to leave a controversial issue completely in the air by presenting both sides of the question without summing up the evidence in such a way that the student can fairly judge where the weight of evidence falls.

Lawther's chapter on the acquisition of skills and knowledges covers a wide variety of specific topics and brings in plenty of pertinent illustrations. It is not, however, free from inaccurate statements. His definition of a conditioned response as "a response to a part of the original stimulus" is true, but it would apply as well to the conditioning as to the conditioned response. The chapter also suffers from very strained attempts at clever writing.

Gray's discussion of thinking is trite and extremely formal. It reveals little acquaintance with recent literature. Heidbreder's work is not mentioned. Incidentally, it may not be out of place to note that the unwary student who attempts to make practical use of the definition of non-poisonous mushrooms given on page 127 is likely to meet with serious disaster. To be sure, the definition is used only to illustrate the practical advantages of scientific classification, but the



writer of an educational textbook who insists upon borrowing examples from scientific fields outside his own would do well to make sure of the correctness of his statements, the more so when matters of possible life and death are involved.

A similar example of inaccuracy in handling data from a field with which the author has little familiarity is to be found in Thomson's chapter in which we find the following statement (p. 176): "A physician reported a delicate operation he had performed successfully in restoring the bearded lady of circus fame to normalcy by reducing the activity of the endocrine glands. He accomplished this by actually destroying with a knife about two-thirds of each gland." Presumably the intended reference here is to the adrenal cortex and not to the endocrines in general, since such a series of operations as is described would inevitably have removed the lady along with her beard. Both this chapter and the preceding one by Fletcher are characterized by outworn concepts and the academic theorizing of a quarter of a century ago. Neither shows much acquaintance with recent experimental literature or modern thought.

Part III deals with the general topic of learning. It includes *Learning: Its Nature, Acquisition, and Retention*, by Robert A. Davis; the *Transfer of Training*, by L. W. Webb; and *Learning the Fundamental School Subjects*, by K. C. Garrison. The chapter by Davis is a reasonably good treatment of verbal learning. There is a good deal of valuable material from the animal field and from the field of motor learning which might profitably have been brought in here, but these subjects are not included. It may be noted that the many contributions from animal psychology are practically unmentioned in this book and the acquisition of motor skills is touched upon only casually by a few of the writers; it has no place of its own.

Webb gives a reasonably complete account of the problems and theories regarding the old question of transfer of training. He is perhaps more enthusiastic than the experimental results would warrant about the possibility of training teachers to adapt their methods of instruction so as to secure the greatest possible amount of "transfer."

The chapter by Garrison is sound, but rather formal. Again the pattern of the textbooks of an older generation is followed rather closely and there is little mention of modern points of view. There is no discussion of the use of the so called "activity program" in coordinating the school subjects and while the importance of motivation is stressed, there are no suggestions for arousing it.

Part IV is devoted to the subject of individual differences and their measurement. It includes *Individual Differences; Their Nature*

*and Causes*, by Frank S. Freeman; *Intelligence: Its Nature, Development, and Measurement*, by Paul A. Witty; *Educational Measurements*, by Edward A. Lincoln; *Subject Disabilities*, by Ernest R. Wood; and *Teacher Evaluation: Examination, Grading, and Reporting*, by Walter J. Gifford.

The first three chapters are well written and cover the field in an adequate manner, but there is a great deal of overlapping which more careful editorial supervision and closer coördination among the various authors could have prevented. There is also a rather uncritical acceptance of statistical methods for evaluating data, with little awareness of common statistical fallacies, such as the effect of inaccuracy of measurement upon apparent gain. Lincoln recommends the use of the accomplishment ratio without reference to the rigorous overhauling to which this method has been subjected by its originator.

The chapter on special disabilities, by Wood, includes little that is likely to be helpful to the teacher and a good deal that is questionable. For example we find (p. 529 f) such statements as the following: "Attention is directed to the influence of the endocrine glands, especially the thyroid, pituitary, thymus, pineal, adrenal, and gonads. Their important relationship to physical and mental growth as well as to emotional control are well known to every psychologist and physician. Their relation to disabilities is obvious." Would that this were true! It is perhaps in the author's favor that he makes no attempt at further enlightening the teacher as to the exact nature of this "obvious" relationship. Wood also devotes considerable space to the discussion of physiological factors leading to school failure, but makes only casual mention of sensory defects, although he stresses prenatal factors, including "strong and continued emotions in the mother."

The chapter by Gifford includes many contradictory statements and the material overlaps considerably that given in preceding chapters. It could be omitted without loss.

Part V, *Adjustment and Guidance*, begins with an excellent discussion by Robert T. Rock, Jr.—*Personality Adjustments and Mental Hygiene*. This chapter is well written, clear, and concise. It covers the chief points that the elementary teacher needs to know on this topic. The illustrations are practical and fall within the range of common experiences of the teacher. There is no undue stress upon unusual and spectacular cases. The next chapter, *Adjustment of Deviating Children*, by J. E. Wallace Wallin, gives a straightforward account of the types of deviating children most commonly found in the public schools and the special instruction that they require. Twenty-five per cent of the chapter, by F. A. Moss, *Abnormal Children and Their Treatment*, is devoted to discussions of glandular de-

fects. In view of the very controversial nature of this subject, the amount of space devoted to it in this chapter and elsewhere in the book would seem somewhat disproportionately great, particularly since neither epilepsy nor chorea is anywhere mentioned, and the only discussion of speech defects consists of a very brief paragraph in the chapter by Wallin. The chapters *Guidance*, by M. R. Trabue, and *Teaching as Guidance*, by Adolph W. Aleck, contain very little that is not covered elsewhere in the book. Again, the desirability of more careful editing is apparent.

Part VI consists of a single chapter entitled *Viewpoints in Educational Psychology*, by John N. Washburne. In this Washburne shows the contrasting points of view of four schools of educational psychology—the Connectionist as represented by Thorndike, the Behavioristic as set forth by Watson and Pavlov, the Gestalt, and the Genetic. The last apparently represents the writer's own point of view, but the choice of the name seems somewhat questionable, since it does not seem to involve the idea of growth or development, but consists, rather, of a description of the process of learning according to a scheme that is somewhat reminiscent both of Tolman and of Thorndike.

In summary, it may be said that while the book has many admirable qualities, its present suitability as an elementary text, except, perhaps, in the hands of a very alert teacher, is open to question. Nevertheless, it has very definite possibilities if looked upon as a first draft rather than a finished product. A thorough revision might turn it into a really first-class piece of work.

The format of the book is that of the conventional textbook. A series of questions and of references (chiefly to other textbooks) follows each chapter. There is an adequate name and subject index.

FLORENCE L. GOODENOUGH.

*University of Minnesota, Minneapolis.*

A PRIMARY TEACHER STEPS OUT. By Miriam Kallen. Boston: Lothrop, Lee, and Shepard Company, 1936. 241 p.

Dr. Kallen attempts here to meet the fundamental purpose of the elementary school, which, V. T. Thayer states, should afford to boys and girls the rich and varied experiences that will enable them to read unity and significance into their own lives. With chapter headings that blaze the trail, and a style reminiscent of the "travelogues," much effort and conscientiousness are expended to win the interests of the child. To satisfy the requirements of the educational curriculum and to fulfill the ideals and principles inaugurated in progressive schools is the aim of the author. There is a concern with the development of the child as a whole personality and an attempt

to integrate the activities of the day so that they will have meaning for the child. As a result both the teacher and child have more freedom.

There is much ado about health, vegetables, and sleep, with too much emphasis on habits of cleanliness. Almost one-half of the book is devoted to a presentation of methods and materials. It is a question whether the ideals and lofty ambition of the author can overcome the fairly fixed philosophy of modern education.

JOSEPH J. MICHAELS.

*Boston, Massachusetts.*

CHILDREN IN THE FAMILY. By Harold H. Anderson. New York: D. Appleton-Century Company, 1937. 253 p.

In this book Dr. Anderson has expressed his own philosophy of happy family life in a most engaging fashion. In the space of 250 pages, briefer because of his refreshing and readable manner, he has attempted to aid parents toward a fuller understanding of their children.

"Respect for the individual" is his underlying philosophy. This, paired with "understanding of the individual," is what Anderson considers prerequisite for ideal parenthood. Meaning is brought into these oft-used catch phrases through anecdotes, every one of which deals with a situation real enough to be familiar to all readers. In this narrative style, purposely lacking in technical and scientific reference, Anderson proceeds with his treatment.

The volume includes a wide range of concepts based on the needs of pre-school children and their parents. Captions such as *Team Work*, *Learning Where Babies Come From*, *Dependence and Independence*, and *Principles in Selecting Clothing* illustrate this.

The problem of discipline receives more space than any other subject. It is interesting to note that other authors also have put more emphasis on this phase of child guidance. It is, no doubt, an indication as to where errors are most frequently being made by parents.

Anderson stresses "self-discipline" as the aim of all discipline. Blind obedience does not permit development of responsible behavior on the part of the child. Parents must help the child to learn to make his own judgments on the basis of his own experiences. Thus, it is put up to the parents so to enrich the environment of the child as to provide the necessary experiences of success and failure upon which judgments are dependent.

The importance of success and failure in the learning process is duly emphasized. Here the author gives a very necessary and important caution. "Success without praise" and "failure without blame" are the expressions he uses. By attaching blame to failure, he maintains that the parent is in most cases attacking the child's ego instead

of disapproving of the activity. In the latter case the child is not put on the defensive and the experience has value in strengthening growth rather than arousing conflict. Likewise, success accompanied by praise or reward reduces the child's own delight in his accomplishment and the spontaneity that should accompany the experience. But praise directed toward the achievement rather than the child strengthens interest in the activity.

Anderson's main thesis, in his philosophy of discipline, is that the child's behavior should be so directed as to result in growth rather than conformity. This is an important message for parents and it is aptly handled by the author.

In his discussion of intelligence, it is a bit distressing to find that most of what he states is scarcely to be considered in accord with the most recent thought. His conclusions regarding a continued increase in intelligence among children placed in nursery schools and university experimental schools would tend to be misleading. Not enough emphasis, it is felt, is placed upon the inadequacies of our measuring instruments in determining the extent of such an increase.

The other sections, except for Anderson's own individual style, are not essentially new. There is a value, however, in the author's original way of thinking that gives new strength to worn-out concepts.

The purpose of the book is excellent—child guidance in narrative fashion should prove a stimulant to parent study groups—and its untechnical nature and simplicity of style are well adapted to render it helpful.

RUTH KRAINES.

*University of Chicago.*

OUR CHILDREN IN A CHANGING WORLD. By Erwin Wexberg, M.D., and Henry E. Fritsch. New York: The Macmillan Company, 1937. 232 p.

Wexberg is well-known as a systematizer of Adler's theories of Individual Psychology. The approach in the book under review is, therefore, that of Individual Psychology, and the usual topics of this school of psychological thought are covered.

The book is divided into three parts, Part I dealing with general problems, Part II with special problems, and Part III with education and corrective measures. The inferiority feeling and the two ways of overcoming it—namely, through the process of natural growth and development and through the development of social feeling—are stressed in Part I. Wexberg is more willing than Adler to admit that there are inborn qualities, and he would regard temperaments and certain talents and special mental abilities as innate, although he, too, is of the opinion that the shaping of this material into its final form is largely a matter of the individual's own efforts on the basis of his childhood experiences.



The Adlerian five factors of the environment—namely, the physical condition of the child, the social and economic environment, sex, the family constellation, and education—come in for considerable attention without the addition of anything new, unless it be the socialistic overstressing of the social and economic factor in accounting for delinquency. "Hunger for pleasure, hatred of work, and lack of social feeling—these three are the most immediate results of social and economic want in the child's environment. They are the three sources from which spring society's greatest ills: alcoholism, crime, and prostitution." We are of the opinion it is not quite so simple as all that.

In Part II, the author discusses types of children, such as the bad or criminal child, the lying child, the overambitious child, and so forth. What he really means is that because of special factors one child reacts in one way, another child in another way. However, the unwary or ignorant might readily fall into the error of believing that such *types* of children exist, which of course is in clear violation of the author's unity of the personality.

In the last part the development of the four qualities, independence, courage, a sense of responsibility, and social feeling—which, according to the author, are so closely related as to be almost inseparable—is given as the principal aim of education.

The shallowness and superficiality of many of Wexberg's formulations are well illustrated in his opening paragraph on attitude toward parents: "The Fourth Commandment—which, in its present interpretation, makes it a *duty* for children to love and respect their parents—had best be dropped from education altogether, for it is both insincere and fundamentally untenable."

All in all, this is just another book on the theories of Individual Psychology, saying nothing that has not already been said, but containing many truths encumbered with much chaff and some nonsense. Hence to the unwary and the unwise it may be a pitfall instead of a stepping-stone.

HENRY C. SCHUMACHER.

*Child Guidance Clinic, Cleveland, Ohio.*

FACTORS RELATED TO THE CHANGES IN SCHOOL ADJUSTMENT OF HIGH-SCHOOL PUPILS. By Lester A. Kirkendall. (Contributions to Education, No. 705.) New York: Teachers College, Columbia University, 1937. 90 p.

In 1933 Dr. T. R. Myers obtained three types of data from the pupils of a junior-senior high school: first, a measure of environmental factors in the home as revealed by answers to the Myers intra-family questionnaire; second, a measure of the pupil's felt adjustment to school as revealed by answers to the Symonds adjustment questionnaire; and third, teacher designations of the best and

worst adjusted pupils.<sup>1</sup> Myers found substantial correlations between environmental factors in the home and his two measures of school adjustment.

Kirkendall obtained as nearly as possible the same data from several hundred of the same students a year later and posed the following problem: Are changes for better or worse in the home environment reflected in corresponding changes for better or worse in school adjustments? The results are essentially negative. Whereas the correlations between certain aspects of the home environment and certain aspects of school adjustment range from .38 to .52, the corresponding correlations between changes in the home environment and changes in school adjustment range from  $-.13$  to  $.15$  and average  $.01$ .

This is an unsatisfactory piece of work. For twenty years and more each proponent of a new measure of anything has been duly bound to defend the reliability and validity of his measurements. The defense was often tedious and far from enlightening, but it was there. The present study is naïvely unaware that such a problem exists. Instead, it innocently presents data which suggest unmistakably that the proposed measures of environmental and adjustment changes are quite unreliable. The Myers intra-family questionnaire has a reported reliability of  $.913$ , but 1933 scores correlate  $.928$  with 1934 scores; hence, the reliability of the changes in score must be zero, actual calculation giving an impossible negative reliability of  $-.21$ . The Symonds adjustment questionnaire has a reported reliability of  $.90$ , but 1933 scores correlate  $.714$  with 1934 scores; hence, the reliability of the changes in score is approximately  $.65$ . The reliability of the changes in teacher designations of adjustment cannot be estimated, but must be very close to zero. Under these conditions the interrelationships of the changes in home environment and school adjustment are necessarily zero. Save for certain portions of Chapter V, the study is an analysis of precisely nothing, with its author not even suspicious of the true state of affairs.

FRANK K. SHUTTLEWORTH.

*Institute of Human Relations, Yale University.*

PERSONALITY ADJUSTMENTS OF ADOLESCENT BOYS WITH IMPAIRED HEARING. By Stephen Habbe. (Contributions to Education, No. 697.) New York: Teachers College, Columbia University, 1936. 85 p.

Adlerian psychology has popularized the notion that compensation for physical defects is often the source of inferiority complexes and social maladjustments. The hard-of-hearing child would seem to

<sup>1</sup> See *Intra-family Relationships and Public Adjustment*, by T. R. Myers. (Contributions to Education, No. 651.) New York: Teachers College, Columbia University, 1935.

constitute a perfect illustration of the theory. Hence the common belief is that such children are inattentive, irresponsible, brooding, and suspicious.

Habbe's study of the personality adjustments of forty-eight hard-of-hearing adolescent boys, in comparison with a matched group of normal boys, is the sixth investigation of this problem in the series of Teachers College Contributions to Education. Uniformly these studies show that the hard-of-hearing child is not particularly handicapped, although adequate social adjustments may be more difficult for older adolescents and adults. More precisely, Habbe's study shows that on forty specific tests, rating, and so forth, the normal boys were superior eighteen times and the hard of hearing ten times, with twelve comparisons showing no differences. Only one of the differences is statistically reliable—i.e., speech difficulties are more common among the hard of hearing.

The study is straightforward in its procedures and cautious in its interpretations; all in all, a genuine, though modest, contribution to education.

FRANK K. SHUTTLEWORTH.

*Institute of Human Relations, Yale University.*

CHILDREN HANDICAPPED BY CEREBRAL PALSY: PSYCHOLOGICAL FACTORS IN MANAGEMENT. By Elizabeth E. Lord, with a Medical Explanation by Bronson Crothers, M.D. New York: The Commonwealth Fund, 1937. 105 p.

In this book Dr. Lord draws upon her experience in the study of more than 300 cases of cerebral palsy, most of whom were seen at the Children's Hospital in Boston. It is only natural that in so short an account some details are omitted, but to many this very fact will represent an asset.

The first chapter, by Dr. Crothers, gives a simple, lucid, neuro-anatomical explanation of "quadriplegia." In a bold effort to simplify the maze of current terminology, he undertakes to apply this one term to all the various types of spastic paralysis.

The remaining five chapters, by Dr. Lord, are largely a psychological-educational treatise dealing with many phases of the cerebral-palsy problem as viewed by the psychologist (primarily), the teacher, the clinician, the therapist, the parents, and the patient himself. The clinical procedure is intelligently handled, starting with a careful evaluation of the child's physical and mental liabilities and assets, and running through the various steps that aim to produce the best possible social adjustment when adulthood is attained. Brief case studies are employed to good advantage in clarifying situations and technique.

The sections on mental testing go far beyond the limits implied by this term. Little is added to what has already been written regarding the application of standardized tests, but the whole matter is intelligently and clearly presented. One is not permitted to lose sight of the fact that the testing program does not aim at the establishment of a mental age, but rather at a full analysis of the child's general capacity. Much valuable advice is offered in the chapter on the teacher's problem. Among the questions discussed are grade placement, fatigue, special disabilities, and the teacher's attitude. The teaching schedule should be designed so that sudden alterations or later curtailment in the program may be avoided.

The last chapter, which deals with the emotional problems of child and parent, should serve to clear up much confusion and misinformation. Far from agreeing with those who contend that emotional instability is inherent in these patients, Dr. Lord feels that stability in the parental attitude during their growth and development is a strong contributing factor in their eventual adjustment.

The book is a compact, sensible presentation of the cerebral-palsy problem, suitable for parents and students as well as for other interested readers. The general style is smooth, pleasant, and conversational in tone. Even though one may occasionally disagree with what the author says, one must admire the manner in which she says it.

EUGENE W. MARTZ.

*Letchworth Village, Thiells, New York.*

ON YOUR GUARD; THE PREVENTION AND TREATMENT OF SEX DISEASES.

By Carl Warren, with a Foreword by M. J. Exner, M.D. New York: Emerson Books, 1937. 160 p.

The recent agitation for the control of syphilis and gonorrhea, popularized by the vigorous support of Surgeon General Parran, of the United States Public Health Service, supplemented by the ever-forceful efforts of the American Social Hygiene Association, has been responsible for the publicizing of diverse information concerning the venereal plagues. *On Your Guard* represents the crystallization of a series of newspaper articles dealing with various and sundry problems related to venereal diseases. The journalese quality does not detract from the accuracy of the material presented, which had received adequate scientific checks. Hence the book as a whole is a sort of lay primer upon the subject, which should be intelligently distributed in place of many more thorough, but ponderous books.

From the standpoint of mental hygiene, the book is woefully inadequate, because this phase of the subject was entirely neglected. The background of the writer obviously was lacking in mental-hygiene

ideology. While he discusses the history of the diseases, their prophylaxis and treatment, the mental concomitants and sequelæ are almost completely ignored. In one lonely paragraph, while discussing the tertiary phases of syphilis, he refers to the various possible effects of syphilis upon the cerebrospinal nervous system. He is totally silent concerning emotional instability following infection, secondary psychoses, and mental handicaps through physical limitation or psychological frustrations.

This book creates a sharp line of demarcation that should not exist between the fields of social hygiene and mental hygiene and thereby lessens its practical values. Gonorrhea is far more than a disease of the genital and reproductive organs; syphilis has a wider realm of influence upon personality than is reflected in the term "a blood disease." A more rational mental hygiene should lessen venereal-disease rates and a sounder social-hygiene program would advance mental health.

IRA S. WILE.

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TO DRINK OR NOT TO DRINK. By Charles H. Durfee. New York: Longmans, Green, and Company, 1937. 212 p.

The jacket illustrations of long and short drinks, together with the title of this book, arouse the interest of the reader. There is a Foreword by Dr. Arthur H. Ruggles.

The book is divided into three sections, the first dealing with understanding the drinker psychologically; the second, with helping him through physical and mental reëducation; and the third with drinking as a social problem. Differing markedly from past and present militant abstainers, the author makes a clear distinction between those who are fortunate enough to be able to enjoy temperate social drinking and those who are unable to stand liquor.

The problem-drinker—a happier way of designating the individual who has been called "alcoholic"—is the individual who cannot stand his liquor. "If as a result of a man's drinking, even though he does not drink to excess, his health is endangered, his peace of mind affected, his home life made unhappy, his business jeopardized, his reputation clouded, he must stop drinking. If he cannot do so of his own volition, despite his most fervent wish, he is in need of professional aid to help him to help himself."

Like other students in this field, the author emphasizes drinking as a result rather than as a cause. The case material is clearly presented, and it is obvious that the author has no royal road to cure to offer. Medical supervision plays a rôle, chiefly in the selection of



candidates for treatment. Those with serious physical and mental involvement are not accepted. "Unless a desire for change exists or can be aroused in a problem-drinker, therapeutic effort will be unavailing." This is the challenge to all who are interested in those unfortunates who have sought an unhappy solution of their problems in drinking. Practically, one must admit that a too literal interpretation of the provision will leave a great number untreated. On the other hand, it is for this reason that some mental hospitals insist that the problem-drinker petition for his own commitment when he comes for treatment.

A farm near a village is the setting in which the accepted candidate undertakes his reeducation. The example and leadership of the older patients are the only means of restriction. The occupational and physical activities are carried on informally, digging in the earth having a most popular appeal. The gradual withdrawal of alcohol is stressed. In mental hospitals, psychiatrists rarely see a problem-drinker who asks for alcohol, and in the majority of cases the alcohol is withdrawn immediately without ill effects.

The reeducation program consists of a physical and mental upbuilding. Conflicts are talked over, advantage being taken of the spontaneous unburdenings at work, at play, or in interviews. Of what is accomplished the author writes: "It is rebirth in the sense of a fresh start. The value of therapy lies in its inner power to open the way to a continuing growth. When therapy ends, that growth is just beginning." Complete abstinence is the rule.

An optimistic note is sounded as to prevention. The importance of parents' acquiring an attitude of tolerance and temperance is stressed. There are suggestions for the teacher and for those in charge of advertising propaganda. A mental hygiene of temperance in education is advocated.

This is a worth-while book.

JAMES HARDIN WALL.

*The New York Hospital, Westchester Division, White Plains, N. Y.*

THE MORPHINE HABIT AND ITS PAINLESS TREATMENT. By G. Laugh-ton Scott. Second edition. London: H. K. Lewis and Company, 1937. 105 p.

The author of this work makes a plea for a better and more sympathetic understanding of drug addicts, rightly inferring that they are not so bad or so useless as they are generally supposed to be. Not more than 15 per cent of his cases, he states, owed their addiction "to the general failure of adaptation to the difficulties and responsibilities of life," and in his experience "the English addict is

generally a product of external and accidental causes." This would seem to indicate that he is not dealing with the general run of addicts. His description of the symptoms of chronic morphinism is overdrawn. Some of the symptoms said to be characteristic are atypical, and at least one, ataxic gait, never results from the use of morphine.

The book, however, is mainly taken up with a theory of addiction based on the physiological action of morphine and a method of treatment evolved from the theory. The morphine addict is described "as one who has become accustomed to sustain an artificial vagal preponderance by the use of a drug which stimulates the vagus and depresses the sympathetic." "Abstinence ushers in a series of sympathetic explosions which may even endanger life." These explosions are due to diminution of vagal control and sympathetic overaction, and the author attempts to combat or to prevent the vago-sympathetic imbalance by the use of belladonna. This drug, administered in increasing doses while the morphine is gradually withdrawn, is said to "maintain constant vagal preponderance throughout the period of active treatment by building up a high tolerance" to it. Tolerance is built up by the use of atropine or preferably a modified form of "Lambert's special mixture," consisting of two parts of a 15-per-cent tincture of belladonna and one part each of water and fluid extract of hyoseyamus. The criterion for the correct degree of tolerance is that the pulse remains consistently slower than normal. This indicates that the belladonna "is taking over the vago-stimulant effect that morphine exercised." The author states that by Lambert's technique the dose is increased so rapidly "that vagal depression and a racing pulse are always evident."

Apparently he is interested only in the stimulating effect of belladonna on the vagus center and ignores the view held by at least some pharmacologists that there is no tolerance to this effect. He does not mention the depressing effect of belladonna on vagus and other parasympathetic endings. It might logically be concluded that belladonna, by depressing these endings, tends to give further control to a sympathetic that because of the removal of an artificial opium check is already running away with certain functions and causing distress to the patient.

The treatment of three cases is cited in detail and some information is given about twenty others. Morphine was withdrawn from these cases in from six to twenty-eight days, usually in about fourteen days, and luminal up to 12 grains per day was given, in addition to the belladonna or atropine. Unfortunately, the description of the symptoms is so meager that one cannot judge what effect the treatment really had. We find such statements as "worst day

he has had"; "rather poor night"; "some difficulty with sleep occurred"; "in this case it was judged necessary toward the end to induce some degree of coma and it cannot be claimed that all discomfort was avoided." These statements seem to indicate that the patients in question had the withdrawal symptoms to be expected of persons from whom morphine is gradually withdrawn.

Luminal, of course, complicates the picture, and belladonna was given in larger doses than Lambert ever advocated. The author is apparently not aware of work done in this country which seems to indicate that large doses of the barbiturates and of atropine definitely increase the suffering of patients in withdrawal. The use of controls to check up on specific and painless treatments for drug addiction has resulted in the discarding of a number of these treatments, and we are rather inclined to believe that if controls using comparable amounts of morphine were studied along with a group receiving the treatment advocated in this book, the controls would be found to suffer less.

The chapter on convalescence contains some excellent suggestions and one very bad one. The patient is advised to take six to eight grains of luminal daily for several weeks after discharge. Such advice has ruined many addicts, especially of the nervous type.

LAWRENCE KOLB.

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Kentucky.*

SO YOU'RE GOING TO A PSYCHIATRIST. By Elizabeth I. Adamson, M.D. New York: Thomas Y. Crowell Company, 1936. 263 p.

The author of this book offers it as an answer to the question she has been repeatedly asked: "What books can be read that will present in simple language an accurate account of modern psychiatric thought?" The title raises one's hopes that she may have been able to do some of the things that it implies. Essentially, however, the book is a presentation of Freudian psychoanalytic psychology. While well done, it has no greater clarity than a number of other outstanding publications in this field.

The first chapter, *Our Next-Door Neighbors*, gives four case stories, all having in common "the unsatisfactory love-relationships between father and mother" and the disastrous effect on the children. The second chapter, entitled *From Intuition to Intelligence*, briefly reviews the whole psychobiological field and presents psychiatry "as a branch of medicine and nothing else." The following passage (pp. 27-8) is worthy of special emphasis:

"Psychiatry works, not with a lung merely, or with a brain or any other single part, but with the whole man, taking his physical and

mental symptoms, with all their possible relations, into account. A fitting name for it might be biological psychology, for it unites two sciences. Seeing the half-truth of saying either, 'It's all in the mind,' or 'It's all in the body,' it disregards any imaginary boundaries between the two. So simple an act as blushing cannot be explained solely as either a mental or a physical event. It is both, as any girl knows. Psychiatry sees man as a total organism in action, and so it thinks of the 'mind' as the myriad of responses a person makes to life and to the world about him. If the psychiatrist is a specialist, it is only in the field of coördinating and correlating all aspects of a disordered personality."

Chapter III, entitled the *Politics of the Mind*, discusses the id, the ego, and the super-ego. In Chapter V, *Nervous Breakdowns*, "super-ego-id" conflicts are dealt with. Chapter IV, headed *Running from Ghosts*, is a discussion of rationalization, projection, sublimation, and other mental mechanisms. *The Baby's Five-year Program* (chapter VI) deals with the theory of "infantile sexuality" and the early phases of psychosexual development. This thesis is further developed and illustrated in Chapter VII, *Design for Immaturity*, and Chapter XII, *Emotional Health*. Two chapters, VIII and IX, are given over to an account of "queer people" and "dangerous children." Transference, resistance, motives, and free association are the main topics developed in Chapter X. This is followed, in Chapter XI, by a discussion of parent-child relationships and their significance from the Freudian point of view.

In presenting this survey, the reviewer recognizes that no matter what degree of excellence a book may have, it may not fit a particular need, it may duplicate material already studied, or it may actually add to the burden of the patient or the psychiatrist. Social workers, teachers, and parents may well get better and more specific help from reading books or articles suggested by The National Committee for Mental Hygiene or the state mental-hygiene societies.

The book does not attempt to evaluate the various schools of psychiatry other than to say that Freud's psychoanalysis is the master plan of all modern psychotherapy, a point about which there is some question. The matter of the lay psychoanalyst is not discussed, nor are the points to be considered in choosing a psychiatrist indicated. While much that is technical has been eliminated, with the result that the book is relatively simple to those familiar with the field, it is still relatively complex for the uninitiated. An example may be taken from Chapter IX (p. 178):

"With the criminal this conflict is extroverted. The underworld is his id, the law his super-ego. He overtly does what the neurotic cannot admit to himself that he would like to do, and defies an authority which is as tangible as the neurotic's conscience is intangible. He

sins openly where the neurotic sins in thought, and is pursued by an agent of the law, whereas the neurotic's nemesis is his own feeling of guilt."

It seems very probable that the book will give rise to a variety of evaluations—including "excellent," "poor," and "indifferent"—depending upon the reader's point of view and needs.

HAROLD F. CORSON.

*Stockbridge, Massachusetts.*

YOGA, A SCIENTIFIC EVALUATION. By KOVOOR T. BEHANAN. New York. The Macmillan Company, 1937. 270 p.

There is a fascination for the Western mind in the ancient philosophies of India quite apart from their important religious significance. Those who have some mysticism in their souls get a vague sense of possible satisfactions not available from their own disciplines, while the more objective-minded are intrigued by phenomena not easily harmonized with the findings of science. Most of these systems originated long before the Christian era and their persistence in pure culture for so many centuries proves an astonishing vitality. It has been difficult for the long-distance student to get a satisfying grasp of such Oriental cultures, for they seem completely detached from practical affairs and merge into religion in one direction and into magic, occultism, and the tricks of the fakir in another. In this field, as in so many others, it is demonstrated once again that East is East and West is West. There have been many books of interest and value on the subject, but the statement made by the publishers of the present volume seems to be a fair one—here for the first time yoga is fully described and appraised from the standpoint of science and in the perspective of Western culture.

The author is qualified in a very particular way to give a presentation in which scientific objectivity combines with sympathetic personal interest. He was born in Travancore, India, and comes from a Hindu family prominent in public affairs. He graduated from the University of Calcutta in 1923 and later entered Yale. After two years in the graduate department of psychology, a university-granted Sterling Fellowship permitted him to return to India for a two-year study of yoga. He made this at first hand, becoming the disciple of a noted yogin, Swami Kuvalayananda, and conforming to the yogi way of life in all particulars. He returned to Yale in 1933 and for the next two years made himself the subject of systematic studies of the psychological and physiological effects of yogi practices. He is at present a member of the staff of the Yale Institute for Human Relations.

The book begins with an historical sketch of the Indian philoso-



phies, in order to establish a foundation for more detailed study of yoga. In summary, the most important systems, about twelve in number, were developed before the sixth century B.C. These early teachings, called Upanishads, were aimed at the salvation of the soul rather than the reformation of society, and therefore flourished without encroachment on the official religions of the period. Thus it is that "modern India becomes less of a paradox when we realize that these two traditions, the sacrificial religion of the masses which is dominated and controlled by the priests, and the philosophical idealism of the Upanishads (which is free from the shackles of cast and party), have continued to flow side by side ever since they came into existence in the later Vedic period."

Of the various systems, yoga is unique in using the study of the mind not alone for philosophical diversion, but for the practical purposes of mental training and psychotherapy. Its effort to apply teachings which deal with the broadest fundamental verities of life justifies the claim that it should be called a kind of "cosmic therapeutics." Philosophical speculation, as a discipline in itself, is useful chiefly for those gifted minds that can scale heights not accessible to ordinary men. The yogic régime, in contrast, specializes in a method and way of life suitable for ordinary mortals, but requires of the disciple an elaborate and long-continued training both physical and mental. This training runs the gamut from body postures, exercises, and breathing, to the most complete and difficult mental "absorption."

The author painstakingly presents the philosophy of yoga in one hundred and fifty pages of intricate matter which will be of interest chiefly to the philosophical student. Concepts of Nature, Soul, Evolution, Process of Knowing, Ethical Preparation, and Rebirth, are set forth for those who desire to strive for an acquaintance with them. This reviewer confesses to a constitutional inadequacy for the task of proper assimilation, and this notwithstanding grateful recognition of the author's unusual clarity and consistent policy of keeping his feet on the ground. It may be stated in passing that the doctrine of rebirth at the least gives as great an incentive to the useful and virtuous life as any religious concept of a reward in heaven.

It may be assumed that most clinical psychologists, psychiatrists, and other readers of MENTAL HYGIENE will be chiefly interested in those parts of the book which discuss (1) yoga and psychoanalysis, (2) methods of yogic training, both physiological and psychological, and (3) the significance of yoga for mental hygiene in general.

Chapter VIII is devoted to the subject of yoga and psychoanalysis. Dr. Behanan considers psychoanalysis an outstanding contribution and gives a sympathetic and fairly understanding outline of Freudian

psychology. He avoids any complete acceptance by advancing familiar reservations and criticisms, the latter directed chiefly at what he considers an unwarranted intrusion of speculation into the realm of observed fact and reasonable hypothesis. In spite of these objections, he is willing to accept many psychoanalytic theories as sound working principles, and he finds parallels between them and the doctrine of yoga which are quite astonishing to the uninitiated. These similarities center around the concept of the unconscious mind and the theory of the instincts. Yoga, as well as psychoanalysis, assumes an unconscious which comprises the major portion of mental life. In yoga, ideas in the unconscious are referred to by various terms; one of them is translated as "traces" of past events, ever able to influence consciousness, though completely hidden from it. The author strains the comparison somewhat when he says that in both psychoanalysis and yoga an unconscious idea is "one latent and capable of becoming conscious." For psychoanalysis, this statement would apply specifically only to the superficial unconscious (the preconscious) while contact with much of the deeper content is gained only by widely indirect representations. The yogi in the final state of introspection goes much deeper and not only experiences emotionally, but claims to realize in a conscious sense the ultimate elements and bottom layers of the unconscious mind.

While unwilling to subscribe to any dualism of body and mind, the author approves the practicality of Freud's early adherence to the practice of explaining psychology in psychological terms alone. This he believes has been useful to science from the point of view of simplicity and consistency. Yogi theory, however, has always given the mind *substance* in some vague physical sense and the "traces" that make up unconscious ideas are supposed to be actually traced on organic matter, somewhat as were the "engrams" in the brain which for a period were a popular psychobiological concept in this country. Both yoga and psychoanalysis recognize the super-personal and philogenetic unconscious as well as the personal and ontogenetic. Yoga, like Jung and in contrast to Freud, heavily emphasizes the former, but the "primal phantasies" of Freud, the "racial unconscious" of Jung, and the "subtle mental substance" of yoga which preserves the traces, all appear to be operating in the same territory. "Yoga believes the unconscious contains the individual experience of all past lives and will continue to be effective until passion for life has been forcefully conquered by burning the seeds of latent deposits." The meaning behind these metaphorical words shows that the goal of yoga and the process of reaching it are not unlike the aim and procedure of psychoanalysis for removing unconscious

mental conflicts, the difference between them being largely a quantitative one. Yoga wishes to make quiescent and ineffective the whole unconscious, while psychoanalysis is concerned solely with destroying the activity of those elements which are pathological.

So far as formulations about the instincts are concerned, both yoga and psychoanalysis show a bias for polarities and antitheses. Freud's more recent viewpoints concerning the life and death instincts, while still controversial in psychoanalytic circles, have established a new dichotomy not so different from that set forth by yoga in its postulate of the life-liberation forces. Liberation as outlined represents a deep yearning for passivity or cessation of life, and like Freud's death instinct it works for the most part in the dark, obscured by the more active manifestations of the life forces. There is no parallel for the Freudian connection of the sex drive with the life instincts. Yoga, according to the author, would consider the sex drive, like parental love and so forth, as a single subsidiary of the "will to live." This contrast loses much of its meaning on account of the common error into which the author has fallen of confusing the sex drive in the psychoanalytic sense with the overt manifestations of the sexual function in the adult human being. He omits the whole theory of infantile sexuality upon which the psychopathology of psychoanalysis is constructed. Another interesting parallel worthy of special notice concerns important theoretical concepts in yoga which correspond strikingly to the pleasure principle and the reality principle of Freud.

In the psychotechniques of psychoanalysis and yoga, Dr. Behanan feels the differences of procedure dwarf any similarities, though on this topic other writers, among them analysts, have gone further in recognizing common factors. The one point of similarity which the author finds is that both therapies require a sustained desire and a persistent initiative on the part of the subject for any successful striving toward the respective goals.

There is a still broader common bond between yoga and psychoanalysis in so far as they deal with realms in which there is temptation to wander into the rarefied air of speculation. Freud carefully designates such excursions on his part as metapsychology and distinguishes them sharply from scientific hypotheses based on observable data. Yoga was born long ago in a pre-scientific age when metaphysics reigned supreme, and it was therefore not limited as is psychoanalysis by a scientific tradition. For this reason, as well as others, it is of great interest that there are certain features of each which are so much alike.

It seems worth while to supplement the discussion of yoga and psychoanalysis in this book by reference to an article by Franz

Alexander.<sup>1</sup> Alexander selects a more dynamic approach than Dr. Behanan and begins with a comparison of methodologies in the introspection techniques of yoga and psychoanalysis. He uses, as an example, Buddhism, which as a religion has borrowed the self-absorption procedure of yoga, minus the physical discipline and auto-hypnosis, and has spiritualized the end results. The final effect of Buddhist absorption he describes as a self-induced narcissistic neurosis of which psychoanalysis is the scientific counterpart. Both methods attempt to direct attention and interest inward instead of outward; in both there develop tendencies in attitude and affect to repeat earlier experiences; and it is the goal of each that recollection and knowledge shall take the place of purely affective repeating. At this point the parallel breaks down. In Buddhism, the introspection and absorption is an end in itself; in psychoanalysis it is solely a means to free the individual from the domination of hidden pathological complexes. In Buddhism the more completely the outer world can be denied and the deeper the introspection, the more nearly the desired end is attained. In psychoanalysis, self-knowledge from introspection is carried only so far as necessary to give conscious control over inner neurotic handicaps, and a continuous check-up with external reality must be maintained.

The four stages of Buddhist self-absorption are explained by Alexander from the standpoint of the Freudian libido theory. He pays a compliment from modern science to an ancient system when he says that the writings on absorption and Nirvana, over two thousand years old, are more like psychological documents than metaphysical speculation. He finds in these descriptions a striking representation of the theory of libido development *in reverse*; to use his own metaphor, the cinema of libido evolution is run backwards. The first step for the novice in Buddhism is to learn to ignore the outer world and to free the body and mind from domination by instinctual drives which are directed toward external objects. To do this, the subject sadistically depreciates the external world by deliberately dwelling on melancholy subjects, such as illness, death, and the futility of human existence. The result corresponds to the withdrawal of the libido which occurs in the familiar narcissistic psychoses. In the second stage, with the external world detached as object, the interest, still sadistic and depreciatory, is turned inward. There results a profound sense of disgust with the body and a gloomy depreciation of the self, comparable to the self-accusations of the melancholic. In the third stage, this sadistic interest in the body and self is replaced by a positive one and the subject passes from disgust to a complete libido

<sup>1</sup> "Buddhist Training as an Artificial Catatonia. (The Biological Meaning of Psychic Occurrences.)" *Psychoanalytic Review*, Vol. 18, pp. 129-45, April, 1931.



investment of the ego, resulting in a state of narcissistic bliss. Thus something in the nature of an artificial schizophrenia is accomplished. The fourth stage goes still further into the Nirvana state of mental emptiness and uniformity, where there is no subject-object relation, but, instead, in psychoanalytic terminology, there is achieved a fusion of ego and libido such as is assumed to be present in the intra-uterine state. The bodily postures of the Hindu ascetics in unmistakable foetal positions bear out this hypothesis. Therefore, says Alexander, the ultimate goal of Buddhist absorption is an emotional and a partial physical regression to a condition of intra-uterine life.

Parallel with the affective and physical absorption runs something similar in the intellectual field, and the subject is supposed to experience a depth of self-knowledge that brings him an awareness of the whole story of mankind. This illumination from within is assumed to result from tapping a heritage of knowledge previously hidden in the unconscious as a precipitate of all human experience. In explaining the depths of self-knowledge claimed by Buddhism, Alexander leaves purely psychological interpretations for a bold excursion into biology. He reaches the conclusion that the advanced subject must both affectively repeat and in some fashion consciously recollect his own embryonic development and thereby intellectually participate in a recapitulation of all evolution from amoeba to man.

To return to Dr. Behanan's book, Chapters X to XII outline more specifically those stages of yogi discipline which are concerned with physical and mental self-control. Beginning with exercises in posture and breathing, the object is to extend conscious control over the body beyond anything that is possible without long and arduous preparation. The description, supplemented by many photographs, gives a first impression that here is being set forth an appropriate training for a stage contortionist, and the casual reader has a little difficulty in taking it seriously. Accepting, however, the fact that the motor apparatus is the major means of communication between the psyche and the outer world, one sees more meaning in the goal of yogic body control. There is an attempt to produce a muscular relaxation so extensive as to reduce the communication between self and outer world to a minimum, and by this isolation it is believed the mind is set free for refreshment and a new depth of introspection.

In the final chapter Dr. Behanan attempts an appraisal of the results of self-experiments in yogic training, in this case not toward a religious end, but as the means to a better physical and mental hygiene. To summarize in a word his straightforward and objective presentation, the measurable data do not seem particularly impressive one way or the other, while at the same time on other ground the



unbiased reader must be influenced by the author's contention that a great many people may gain from these practices a new protection against stress and strain and wasteful leakages of mental and physical energy. The result of systematic yogic training, the author feels, is a healthier body, a more serene spirit, and an enhancement of mental powers. That in addition there may be tapped reservoirs of psychic energy wholly unavailable to others than the disciples is a tempting concept by no means to be summarily dismissed.

The author is able to bring some documentary support from the contributions of medical science for the groundwork upon which his conclusions are based. Worthy of special mention are *Progressive Relaxation*, by E. Jacobson (University of Chicago Press, 1929), and *Wisdom of the Human Body*, by W. B. Cannon, (W. W. Norton and Company, 1932).

A brief appendix on page 251 describes an interesting and authorized yogi movement organized in 1924 in the Bombay Presidency, directed toward cultural and humanitarian aims rather than to purposes more religious and philosophical. Here special emphasis is on physical culture and psychotherapy, and earnest students are welcome from foreign lands.

The volume is favored by an informative, scholarly, and commendatory Foreword by Professor Walter R. Miles, research psychologist at the Yale Institute for Human Relations. A useful glossary acquaints the reader with yogic terminology.

MARTIN W. PECK.

*Boston, Massachusetts.*

THE SPECTACLE OF A MAN. By John Coignard. New York: William Morrow and Company, 1937. 252 p.

For better than a quarter of a century, psychoanalysis has seemed to writers to offer a promising field for literary exploitation. It has remained for a professional psychoanalyst to bring forth the first book known to the reviewer that does successfully exploit this field. In the form of a novel, a doctor, under a pseudonym, presents the somewhat simplified material of a case under analysis.

The patient, Arnold Harvesting, is unable, because of shyness and extreme jealousy and sensitiveness to slights, to form a permanent attachment to a woman. His usual defenses against the pain of this frustration, a narcissistic sense of superiority to women, which has hitherto been successful, breaks down just before the beginning of the story, and he is precipitated into an emotional turmoil by the initial stages of what had looked like a real love affair. As usual he has to break this off, and the despair of ever being able to love brings him to the analyst. The treatment thus concerns what would be

called a neurotic character type rather than a frank neurosis, conforming to a very frequent contemporary type of case that requires therapeutic intervention.

In this instance, the patient introduces himself by means of a long letter in which he gives an intelligent and detailed account of his present difficulty and such of his biography as seems pertinent as background. The first analytic hours, given in some detail, introduce immediately, by way of dream and other material, the hidden conflict with his narcissism and unconscious death wishes directed against the other. Sufficient relief is obtained in these first hours, through the partial revelation of the meaning of this material, to permit the patient to resume his interrupted affair with Mary.

The rest of the book is a condensed account of how the analysis is acted out by way of this affair, which is carried to a climax, successfully dissolved, and replaced by a real love affair at the termination of the analysis. To be sure, we have to take this last affair a bit on trust, since all we have for it is the patient's word, again in a letter to the analyst some months after the analysis is over. But there is nothing unusual in this, since an analyst seldom knows just how successful he has been.

In some respects the analysis here recorded is somewhat atypical. For the sake of successful and interesting literary presentation, especially for the preservation of the continuity of the story, the greatest stress is laid on the patient's material as reflected in his love affair, which runs parallel to the analysis. This constitutes a kind of acting out of the analytic material and in practice is considered a difficult form of resistance to meet in that it has a tendency to create difficult reality situations and to lead attention away from the transference material and the repressed infantile memories. The latter forms of material are well represented in the novel by some especially clear examples, along with discussions in asides to the reader, so that nothing is lost by what would otherwise give a false picture of analytic technique. As infantile memories come up in very fragmentary and scattered form and reveal their meaning only very gradually, a more exact and complete account would make exceedingly dull reading.

But what is missing in the way of an extended account of the transference relationship to the analyst is more than made up by the story of the varying conflict of motives between the patient and his Mary. Mary had founded her reactions to him on her insight into his initial character and her belief in the permanence of his emotional responses to her, but as these change with the alteration of his motivation as the analysis progresses and he is freed from his initial all-possessiveness and jealousy, she in turn is distressed, becomes some-

what paranoid, tries to get him to give up his analysis for her sake, and finally, with his understanding aid, achieves some freedom in her own character. Thus is illustrated the familiar fact that the analysis of an individual is apt first to disturb intolerably and finally to liberate his entourage also.

Those who are unacquainted with psychoanalysis as actually practiced are prone to think of it as compounded with much theoretical discussion. For that is the stuff they have read in previous introductions to the subject. This book should do something to correct that erroneous view, since theoretical matter and technical jargon are at a minimum in it.

The question will be asked, Is this book what it purports to be? In the opinion of the reviewer the answer is an unqualified yes. The author betrays a wide and thoroughgoing understanding of psychoanalytic facts and of unconscious motivation such as could not have been obtained by a mere reading acquaintance with technical literature. The novel is to be recommended both as an excellent love story, presenting features that have not hitherto appeared in that *genre*, and as a fine introduction to psychoanalysis.

GEORGE B. WILBUR.

*South Dennis, Massachusetts.*

PERSONALITY AND THE CULTURAL PATTERN. By James S. Plant, M.D.  
New York: The Commonwealth Fund, 1937. 432 p.

A growing interest is being shown in the study of personality and culture by psychiatry, sociology, psychology, and anthropology, as these disciplines realize that the problems with which they are concerned cannot fruitfully be investigated with the concepts and methods of any single discipline. Personality, it is seen, arises in a cultural context of prohibitions and permissions and patterned behavior, to which the individual responds selectively, accepting, rejecting, conforming, rebelling, always with emotion or feelings as he moves on to maturity. The study of single individuals and their emotional disturbances and conflicts, however elaborate the case histories and interviews, without direct knowledge of the cultural impacts of the family, the school, the church, the neighborhood, and other places of group activity, of necessity yields a limited knowledge of the personality. Likewise investigations of social life and activities as group events or as model patterns are partial and often sterile because the dynamics of the individual personalities that are being expressed in and through these patterns are neglected.

It is the distinction of Dr. Plant that he has for many years clearly seen the problem of personality and culture and has assiduously studied both the changing cultural impacts and the personalities that live

in that culture and reveal the human meaning of those impacts in their perplexities and conflicts and especially in the "casual breakdowns" in which the individual shows by his deviant behavior what cultural demands and limitations *mean* to him.

In this volume Dr. Plant has set forth the fruits of his many years of clinical work and of reflection upon that clinical material and the community studies he has made. Because of his concern with the individual *and* his culture, Dr. Plant stresses the importance of translating the knowledge and the insights of clinical study into the practices of the home, the school, the church youth organization, the court, and the workshop for a program of mental hygiene, as contrasted with the child-guidance and clinical psychiatry which is primarily concerned with individual diagnosis and therapy, neglecting or ignoring opportunities to modify the cultural demands and permissions that continue to produce more and more cases. This point of view involves recognition of the persistent problems of adjustment set up by the particular culture in which children are growing up, as shown by the "casual breakdown" and by community studies, and a search for methods of changing personnel, practices, and demands to minimize the difficulty of these problems.

In this formulation, Dr. Plant shifts the emphasis from the *problem child* to the *problems of the child* and continually reminds us that no one "solves" these problems. They are persistent, ineluctable tasks of life which we attempt to meet with varying capacity, restating them as we grow and mature from infancy to death. The child's needs, therefore, are to be seen as the needs of the adolescent and of the adult, but with different stresses and strains and abilities at each age. Mental hygiene, if it is to offer an effective program, must undertake to modify the impact of these persistent problems and provide, in and through normal life associations and groupings, the knowledge and insights that will help the child to work out a design for living compatible with his idiomatic personality.

This formulation has large social significance to-day when so much of psychotherapy has been, and still is, socially defeatist, accepting our social disorder as something that the individual must learn to "take," no matter how devastating and unwholesome the "reality" he is told to face and accept. It marks a reorientation toward the critical study and evaluation of our culture in terms of the unnecessary defeat and distortion of human personality and of the modifications necessary to mitigate, if not eliminate, these destructive cultural impacts. Psychiatry may in this direction move out of the clinic and mental hospital and contribute to public health and preventive medicine, the daily work of which must be done by non-psychiatrists who are guided and informed by the insights and experience of psychiatry,

but who are effectively operating as parents, teachers, ministers, social workers, recreation leaders, employers and supervisors, doctors and nurses—all who are concerned with human relations.

Assuming that each individual, by reason of his organic needs and functions and his experience of living, growing, and maturing in a culture, has basic personality needs, the questions then arise how can these needs be met more effectively, how can the demands of culture be imposed more benignly and constructively, and how can our social life and its trends be modified progressively toward an individual-centered culture that recognizes and fosters different capacities, interests, and temperaments, thereby avoiding the distortion and futile rebellion of the individual who cannot fit into the prescribed uniform mold? As Dr. Plant has indicated, individuals are attempting to work out new sources of reassurance and security that are scarcely recognized by the professional formulations of psychiatry, but that are in need of careful study and evaluation. These are the questions and the possible answers that are presented by this volume, which is important for both professional workers and for laymen.

The exposition is consistently and effectively worked out with its various implications, except in the treatment of the law, where the courts are regarded as social agencies for protecting society, with "the prime function of fixing guilt." Dr. Plant apparently accepts and approves this conception, though the whole tenor of his discussion is to make the "fixing-guilt" procedure seem antiquated and unreal. It might be asked why judges and lawyers and law schools should be exempt from the reorganization of concepts and practices that is recommended for families, schools, churches, and industry, especially since the institutionalization of changes in our culture must wait upon the legal enactments of legislatures run by lawyers, the modification of rulings by judges, and the development by the law of clinical methods and procedures and of preventive jurisprudence.

To all those interested in the many phases of human adjustments, and especially the problems of children, this volume is warmly commended for its insight, candor, and warm human sympathy. It is not necessary to agree with all the author's judgments and recommendations to find the book stimulating and suggestive, leading beyond our usual narrow preoccupations to a broader social philosophy of human development and the basic problems of the *social* psychiatry of the future. It should be especially valuable for awakening and sensitizing students before they are crystallized by professional techniques and verbalisms, and for reassuring and heartening the small groups of forward-looking men and women in the various professions and occupations.

LAWRENCE K. FRANK.

*New York City.*



PERSONALITY: ITS DEVELOPMENT AND HYGIENE. By Winifred V. Richmond. New York: Farrar and Rhinehart, 1937. 279 p.

This book presents a rapid and fairly complete survey of the present status of personality investigation. In her preface, Dr. Richmond suggests that the material presented may be of value "as an orientation course for college students, or, with a different emphasis, for any group that is preparing to work with people in a directive fashion."

Defining the personality of an individual as his "fundamental psychophysical make-up, as modified by his life experiences," the author presents her material under three headings: *The Genesis and Development of Personality*, *The Maladjustments of the Personality*, and *Disorders of the Personality*. Part I, which includes about three-quarters of the book, treats of the physical, intellectual, and emotional endowments of the individual. Consideration of such subjects as habit, the conditioned reflex, and the psychoanalytic concepts of personality dynamics is included here. Parts II and III give a brief discussion of the characteristics and treatment of minor maladjustments, neuroses, and the major psychoses. Each chapter of the book is accompanied by a bibliography and a list of suggested exercises.

As a text for students or a popular survey, this book seems to the reviewer to possess much that is of merit. It is readable and well organized. A wide range of factual and theoretical material has been covered briefly and without bias. The author writes from the psychiatric point of view, but considers other methods of approach, and has included experimental findings in her treatment. The suggested exercises at the end of each chapter seem exceptionally well chosen.

To those who are conversant with this field, the book has perhaps nothing new to offer; but to the lay reader and the student, it should prove both stimulating and informative.

*Butler Hospital, Providence, R. I.*

MARGARET KELLER.

AN ENQUIRY INTO MORAL NOTIONS. By John Laird. New York: Columbia University Press, 1936. 318 p.

Readers interested in the logic of basic ethical theory will enjoy the intellectual exercise offered in these shrewd, close-knit arguments by a distinguished Glasgow philosopher. He cross-examines the three outstanding notions of ethical science—namely, virtue, duty, well-being. He disagrees with recent contentions that these three either have nothing to do with one another or at any rate are coördinate, although he is duly impressed by whatever is valid in the opinions of the New Intuitionists. His own inclination is toward a conception of moral goodness wherein such goodness is part of a wider good, including whatever is fine, great, noble, excellent.

He writes with grace and wit no less than with well-informed insight. However, as in to-day's discussions of world peace, no single plan or theory has yet been proposed into which a clear-headed student cannot shoot holes. Perhaps the reason is that, howsoever all of us may plead for strict objectivity, nevertheless personal bias of one kind or another creeps into our choice of a starting-point, our scheme of values, our shades of emphasis. What gives this discussion of Professor Laird's importance is the mental stimulation of accompanying a scholarly mind in its journey to these rarefied heights. Whatever one's own preferred theory, it will be benefited by a weighing both of the assents and of the disagreements of the author.

The student of mental hygiene will be interested chiefly in the three chapters in Part I on the springs of virtue. They give little attention to the pathology which modern research has been probing. This fact, however, is a reminder that even psychology starts with basic assumptions which have as much "philosophy" to them as they have "science."

HENRY NEUMANN.

*Brooklyn Society for Ethical Culture.*

MEN, WOMEN, AND JOBS; A STUDY IN HUMAN ENGINEERING. BY Donald G. Paterson and John G. Darley. Minneapolis: The University of Minnesota Press, 1936. 145 p.

This relatively small volume contains more material for serious thought than many recent volumes of twice as many pages.

The work of Dr. Paterson and his group in Minnesota has, since its inception, constituted a very bright spot in the wilderness of unfruitful and obviously unscientific attempts to analyze and guide individuals in the vocational paths they should take. This book gives us an excellent, if somewhat too limited, picture of two divisions of the work of the Employment Stabilization Research Institute of the University of Minnesota—namely, those that have to do with individual diagnosis and with training. The table of contents, which follows, will describe most concisely what the book includes: *Introduction; Techniques and Tests; A Comparison of Early and Late Unemployed Workers; Special Types of Unemployed Workers; Characteristics of Employed Workers; Reëducation and Training Programs; Individual Diagnosis in Employment Practice (Occupational Ability Patterns, The Diagnostic Approach, Types of Service Rendered); Research in Human Engineering (Service Research—Basic Research); The Completed Picture; Appendix (Publications of the Employment Stabilization Research Institute, University of Minnesota).*

To attempt a more complete description of this very compact work

would be useless as well as possibly misleading, for both the techniques employed and the findings of Dr. Paterson and his group merit the most careful study. Particular praise is due to the skillful way in which they have combined the use of psychological tests with the analysis of previous history and other non-test factors which must also be considered in any honest diagnosis.

It is a pleasure to find a group combining so harmoniously and wisely all the modern aids in the study of individuals. The readers of MENTAL HYGIENE will, I am sure, be glad to know more about this excellent work.

REX B. HERSEY.

*University of Pennsylvania.*

YOUR EVERYDAY SPEECH AND HOW TO IMPROVE IT. By William Norwood Brigance. New York: McGraw-Hill Book Company, 1937. 230 p.

This is a brief, clearly written book in bold, large print. Its aim is to help the average person correct his everyday speech. It consists of two parts. The first, *Everyday Speech Faults*, is made up of seven chapters, which discuss what is wrong with American speech, why it is important to have good speech, how to master the vowel sounds, how to master the consonant sounds, basic aids for improving your speech, what should be the standard of pronunciation, and how words should be pronounced. Part II is a discussion of defective speech, with a chapter "for those who stutter," and another chapter on how defective speech starts in children.

Mr. Brigance points out that the American voice is poor, nasal in quality and lacking in resonance. He gives a brief, but clear discussion of the elements of English speech. Some of the facts that he states in his chapter on phonetics are controversial, but on the whole his theory of phonetics is sound and will be helpful to those who wish to understand English speech. We cannot quite follow him when he insists on speaking every word in a clear-cut manner. He fails, we think, to distinguish between strong forms and weak forms of speech. In ordinary conversational speech, we say "wuz" for "was"; or we leave off "h's," as in "Give 'er 'er hat." In fact, we think it would be very unfortunate if the reader got the impression that he should always use the strong form of speech instead of the weak conversational form.

The discussion of speech defects is brief and somewhat superficial. In discussing stuttering, the author leans to the dominance theory of Dr. Orton.

The book seems to be largely a compilation of material that has been presented before, but on the whole we think it will be helpful to

those who wish a passing acquaintance with English phonetics and a brief discussion of the speech defects that are found in children.

SMILEY BLANTON.

*New York City.*

SPEECH IN CHILDHOOD: ITS DEVELOPMENT AND DISORDERS. By George Seth and Douglas J. Guthrie, M.D. New York: Oxford University Press, 1935. 224 p.

Some years ago two speech clinics were established in Edinburgh, one at the Ear and Throat Department of the Royal Hospital for Sick Children and the other at the University Psychological Clinic. This book sets forth, in a very practical way, the findings of the workers in those clinics with respect to the nature of speech, its development, and some of its disorders.

The authors address themselves to doctors and educationists, particularly in Great Britain, and limit their discussion to "the problems with which the doctor and the teacher are most commonly called upon to deal, either by way of diagnosis or treatment." Disorders arising from gross lesions of the central nervous system and those disturbances which used to be classified under the term "congenital aphasia" are omitted, as are detailed schemes of remedial exercises. The aim of the authors has been to set forth the basal principles that should be observed in therapeutic practice and to relate their discussion of the disorders to these principles.

Basal principles are presented in the first half of the book in five chapters bearing the following titles: *The Mechanism of Speech*, *Speech and the Brain*, *Speech-Sounds*, *The Psychology of Speech*, and *The Development of Speech*. The practical application of these principles in the correction of disorders of speech is given in the remaining chapters, which deal with hearing and speech, disorders of articulation, nasal speech, stuttering, the singing voice in childhood, and the treatment of disorders of speech and the organization of speech clinics. Most of the material presented under these headings is well known to workers in the field of speech correction and is widely accepted by them. Those, however, whose knowledge is more limited should find here a sound theoretical background and sufficient practical suggestions to guide them safely in their initial efforts at diagnosis and treatment.

The chapters on hearing and speech and on the singing voice in childhood deserve special mention, both because of their intrinsic worth and because of the frequent neglect of these topics in similar books by American authors. In the first of these chapters the hearing mechanism and methods of testing hearing are carefully

described; the importance of hearing, educationally, socially, and in the personality development of the child, is discussed; and the need for special education of the deaf and the hard-of-hearing is emphasized. Methods of training the child are given and suggestions are made with regard to the mother's understanding of the child's difficulties and the valuable help she may give him in the home. The authors' reasons for devoting a chapter to the second topic may be stated in their own words: "It appears highly desirable that greater attention should be paid to the hygiene of the voice in childhood, to phonation as distinct from articulation, on account of the great frequency of hoarseness in school-children, and of vocal troubles at puberty which may persist throughout adult life." The urgent need for better training facilities in the schools is stressed in both chapters.

The physical make-up of the book is all that could be desired, the print and the numerous diagrams and charts being exceptionally clear. There is a well-prepared index and a bibliography of forty-seven titles, mostly books by European authors. One is surprised to find in so excellent a book a few such questionable statements and implications as the following, even though they are unimportant: "As a rule a low-pitched voice is produced by a large, prominent larynx with long vocal cords, a high voice by a small larynx with short, broad cords. The large larynx is often found in heavily built men with dark hair and blue eyes. Sopranos are often blondes; altos, brunettes" (p. 24). The superiority in linguistic development of girls over boys is explained as follows (p. 117): "The superiority of the girls is commonly traced to a greater receptivity, akin, doubtless, to suggestibility, and to a greater readiness to conform. While these and other significant endogenous differences are no doubt effective, the difference seems to be more surely grounded in the results of external conditions. Boys, with their greater freedom, turn to practical, out-of-door activities. Girls, spending a greater part of their time at home and under stricter supervision, are compelled to turn their interests to reading and conversational activities." Stuttering, "like other defects and anomalies," is said (p. 176) to occur "much more frequently amongst mentally retarded than amongst normally intelligent children."

The importance of mental and physical health is kept before the reader throughout the book. Stuttering and certain disorders of articulation are looked upon as largely, if not entirely, of psychogenic origin.

In the concluding chapter the authors indicate both the positive and the negative aspects of prophylaxis in the home and the school, discuss the more general principles of treatment, and outline the



organization of speech clinics with particular reference to the relationships between the home, the school, and the psychological and medical services. In summarizing their general discussion of treatment, they say: "The axiom of medical practice—namely, that we must treat the patient rather than the disease—is nowhere more important than it is in these disorders. In general, and both before and during the application of reëducative methods intended to remedy the defects of speech, the treatment should be such as to care for each of the following wider aspects of the problem: (a) The improvement of the physical and mental condition; (b) the abolition of tension and the cultivation of relaxation and rhythm; (c) the correction of wrong methods of breathing; (d) the regulation of the vocal range in speech."

FREDERICK W. BROWN.

*Garden City, New York.*

INTO THIS UNIVERSE; THE STORY OF HUMAN BIRTH. By Alan Frank Guttmacher, M.D. New York: The Viking Press, 1937. 366 p.

The outstanding characteristic of this volume is its readability. Dr. Guttmacher, in addition to being an excellent obstetrician, has a broad literary background and writes in a distinctive and pleasing style. There has long been a need for a well-written, authoritative, and appealing book on the subject of human pregnancy and birth. "Most women are interested in the process of giving birth and all men have had the experience of being born. Therefore, it would seem that this topic above all others has universal appeal."

*Into This Universe*, containing, as it does, "something of the folklore, the history, and the scientific facts of birth," fulfills in a most pleasing and fascinating manner the need created by this universal interest.

The book is made up of five parts and an appendix. Part I, which reads like a novel, describes in detail a sixteenth-century birth. The diagnosis of pregnancy, and pregnancy itself, are discussed in Parts II and III, while Parts IV and V deal with labor and the puerperium or lying-in period. The appendix contains a generous list of articles and books recommended for additional reading.

The book is replete with historical and literary references and allusions and contains a great store of facts so cleverly presented that the reader is never painfully aware that he is being educated. One can only commend Dr. Guttmacher on his excellent treatment of the subject and recommend the book to any one who wishes to know more about childbirth.

WILLIAM F. MENGERT.

*University Hospitals, Iowa City.*

SEX LIFE IN MARRIAGE. By Oliver M. Butterfield. New York: Emerson Books, Inc., 1937. 192 p.

This book is an extension of the author's useful pamphlet, *Marriage and Sexual Harmony*. It seems successfully to escape being just another book on a much-written-over subject.

Taking as his point of departure the fact that "the sexual association of husband and wife . . . has constituted the essential and unvarying bond of marriage," Dr. Butterfield considers that other factors, "such as intellectual comradeship, a desire for prestige, the need for a satisfactory supply of domestic labor, or the desire for abundant progeny . . . are incidental to the more intimate physical associations built around satisfactions derived from sexual pleasure and parenthood."

Perhaps the most valuable contribution of the book is its setting aside of existing traditions in sexual behavior in favor of those adjustments which fulfill individual needs. It is explained that although people usually want to be "different" in most social situations, in sex matters they very much want to conform and anxieties result if they cannot, or if in conforming they are robbing themselves of the greatest satisfaction. Often the norms toward which they strive are merely a part of their own specific culture pattern and have no more validity than other traditions. The constant reassurance that any relation which is harmonious is "right" runs through the book and offsets recent emphases on sex "technique" which tend to make it a static thing hedged around by many rules, some of them as foolish as those found in the taboos of primitive society. Dr. Butterfield states that "any dependence on mechanical procedure must always be secondary to mental and emotional attitudes."

In considering sexual attitudes and emotions, those emotions which hinder are felt to be fear of pain and pregnancy, shame, guilt, and inferiority feelings. A retracing with one's partner of the events connected with the establishment of the fear often serves as a means of exorcising it.

Among emotions which help are affection, confidence, interest, and enthusiasm, patience, sympathy, and playfulness. Since sexual relations in marriage are a form of mental relaxation and enjoyment, they can be regarded as a kind of exalted play, which robs them of tenseness or strain and is helpful to those who experience emotional blocking.

The book treats the usual subjects—the organs of sex, planning the honeymoon, technique and frequency of intercourse, overcoming sexual maladjustments, and children. Unfortunately, perhaps because of questions of cost, the plates that illustrate the organs of sex are placed at the back of the book instead of close to the text; and the

question of children intrudes, it seems, between considerations of phases of intercourse.

To the reviewer the book's greatest fault is a certain questionable taste in the matter of personal advertisement. Blurbs and testimonials which might well appear on a temporary dust cover have been made a permanent part of the book. Eleven pages of descriptions of the author and how the book came to be written are a formidable barrier to the really valuable material in the book. There is an excellent Foreword by Dr. Sophia J. Klugman.

JEAN L. WHITEHILL.

*Maternal Health Centers, Philadelphia.*

THE HUMAN COMEDY. By James Harvey Robinson. New York: Harper and Brothers, 1937. 394 p.

Friends of the late James Harvey Robinson, author of *The Mind in the Making*, are widely distributed among the general public as well as in the field of history, where he was recognized as a great teacher and historian. Consequently, innumerable readers will want to become familiar with his later reflections, which have been prepared for publication by Harry Elmer Barnes under the title, *The Human Comedy*.

Mr. Barnes explains in his introduction: "Professor Robinson left behind him material on the human comedy both more complete and more thrilling than his justly famed *The Mind in the Making*. I have been requested to go through this material and provide for its publication in a form as close as possible to the arrangement which Professor Robinson would have provided had his life been spared. To do this is a double privilege. It permits me to make some small return to my teacher and friend. But even more important is the possibility which it affords to place before the American reading public in accessible form some of the most cogent thoughts of one of the most fearless and incisive minds that this country has thus far produced. The material which is here presented is a well-integrated body of historical writing and social philosophy. It offers the most comprehensive analysis of the drama of man from the historical point of view which ever issued from his shrewd and discerning mind."

The material is organized so that the reader's prejudice against historians of the date-collecting vintage will not be unconsciously superimposed upon the familiar historical background necessary for development of the thesis. There are obstacles to free reconsideration of historical facts which are based upon "always giving the old the right of way" and upon our tendency to regard familiar notions as "sacred." The author pointed out: "We need a new

kind of historian who will utilize the information painfully amassed by the older ones in order to bring it to bear on the quandaries of our life to-day. Our problems are oftentimes inherited, and can best be met by fuller knowledge of their origin and development." It is suggested that in this sense to become historically minded is to be grown up.

It is Professor Robinson's thesis, according to Mr. Barnes, "that man has now reached a stage in his civilization where he might easily enter into a utopian existence that would make any of the utopias dreamed of from Plato to Edward Bellamy seem trivial and drab by comparison. We can produce all we need for creature comforts and physical protection in a very few hours of work each week. We have all but conquered disease and have reduced much of the pain incidental to such ailments as persist. We have banished fear of the supernatural world and its powers. We know how to handle the delicate problems of amour and domesticity. We have come to understand the nature of war, its barbarities and stupidities, and the means of preventing it. We have expert knowledge which would suffice to govern our public dealings with intelligence and efficiency. We have facilities for cultivating and enjoying the leisure that is for the first time available to the majority of men."

The answer given for our failure to respond and take advantage of our opportunity to achieve greater happiness is "that we have not brought our thinking up to date. Our minds are not yet fitted to master and enjoy the machine age and the international order which a very few scientists and inventors have created for us. We are the victims of 'cultural lag.'"

The author believed that history—the illuminating reminiscences of times gone by, as he conceived it—should work for sophistication which means understanding and insight and wisdom. "We cannot," he concludes, "attack our political, religious, economic, educational, and social standards directly, although we may well suspect that they must *perforce* be anachronisms. They may all, however, issue into a clearer light when we think how everything that now goes on has come about. So history might be the great illuminator. As yet it is highly imperfect; but some day it may well become the most potent instrument for human regeneration."

*New York City.*

MARY GRAHAM MACK.

A BLACK CIVILIZATION; A SOCIAL STUDY OF AN AUSTRALIAN TRIBE.

By W. Lloyd Warner. New York: Harper and Brothers, 1937.  
594 p.

This book is about the Murngin people, a primitive tribe of northern Australia. It is, according to Professor Robert Lowie, who fur-

nishes an Introduction, "the first to deal with amplitude of the structure and supernaturalism of a tropical Australian people."

The Australian "blackfellows" have a social system which is in marked contrast to our own. With us, technological development is the striking thing; institutional changes are quite moderate by comparison. W. F. Ogburn some years ago proposed the apt phrase "culture lag" to describe this differential growth of culture. The study of social trends carried on under his direction supplied ample evidence that in the United States intangible culture has not kept pace with material development.<sup>1</sup> Among Australian aborigines, on the contrary, we find a meager technological development coupled with an amazingly rich social and ceremonial system. Cases of this sort suggest that, although culture lags may be inevitable in all societies, there is nothing inherent in technology which assures it a vanguard position in the march of culture.

Every society has certain organizing principles—that is, central culture patterns about which the rest of the culture revolves, and which serve to integrate the culture as a whole. With the Murngin it would appear to be the spiritual life that consolidates the society. The average Murngin, says Warner, "would rather talk about ritual and myth than about ordinary mundane affairs," just as the ordinary American probably would prefer to talk about the latest movie. The Murngins are organized on an elaborate kinship and clan basis which has its roots in totemism. Warner has done a superb job in describing the rôle of both kinship and totemism in the society.

Of special interest to students of mental hygiene is Warner's thesis that magic, like religion, may be a group phenomenon. This runs counter to the view of the Durkheim school, which regards magic as an individual rather than a social matter. Warner shows that when the magician "operates" on an individual and lifts his soul, the whole community assists to make the magician's spell effective. Social relations are cut off and the individual is isolated. With the group solidly against him, the victim develops a "will-to-die" which hastens his demise. We have here an unusual picture of the power of group suggestion.

*A Black Civilization* is a unique addition to the source literature of primitive society. Its sociological point of view and interpretations make it a pioneering work.

M. F. NIMKOFF.

*Bucknell University, Lewisburg, Pennsylvania.*

<sup>1</sup> See *Recent Social Trends in the United States*. (Report of the President's Research Committee on Social Trends.) New York: McGraw-Hill Book Company, 1933.



## 1936 YEARBOOK OF NEUROLOGY, PSYCHIATRY, AND ENDOCRINOLOGY.

By Hans H. Reese, M.D., Harry A. Paskind, M.D., and Elmer L. Sevringhaus, M.D. Chicago: Year Book Publishers, 1937. 800 p.

The compilation of the material published in the course of a year in the fields of neurology, psychiatry, and endocrinology is a difficult and time-consuming task. This service for the year of 1936 has been performed by the editors of the two previous volumes. The book contains 800 pages, is attractively bound, and is divided into three sections, each preceded by a short introduction. There is a complete author and subject index.

Dr. Reese, who edits the section on neurology, informs us that "no outstanding new discoveries were made which would change fundamentally diagnosis and therapy." He feels that the work on the hypothalamic center is the most important contribution of the year. Two other noteworthy topics included are (1) the work of Elsberg on the olfactory sense, and (2) the studies of brain electrical potentials in convulsive disorders and brain tumors.

The section on psychiatry, edited by Dr. Paskind, contains two articles on the pertinent subject of insulin-shock therapy in schizophrenia, a mode of treatment that may prove to be a permanent one or that eventually may give us more information concerning this disturbance and hypoglycemia. No other articles in the section contain material as revolutionary as these. The section is concluded with a number of papers on child psychiatry, a steadily growing field.

Dr. Sevringhaus introduces the subject of endocrinology well, stating that therapy in this field has changed only slightly. The work on the details of gland function and on the interrelationship between the glands is progressing. We are warned that "clinical endocrinology is in danger of unwarranted inflation at the hands of its too enthusiastic friends." Three topics of note are (1) a discussion of the functions of the hypophysis in the toad by Bernardo A. Houssay (University of Buenos Aires); (2) the use of protamine insulinate in the treatment of diabetes mellitus; and (3) numerous abstracted papers on the functions of the adrenal cortex.

Any collection of abstracted material such as is offered in this book is open to criticism for the omission of certain articles, the inclusion of others, and mistakes made in the condensation. For example, it might be suggested that an abstract of the article, *The Diagnosis and Treatment of Hyperinsulinism*, by Seale Harris, in the *Annals of Internal Medicine* for October, 1936, be included in the section on endocrinology, or that articles on psychological method replace some of those on laboratory method in the section on psychiatry. Criticism of this sort could be made of each of the sections. But on the whole the material included gives the physician an adequate review of each

subject. The editors should again be lauded for a hard task satisfactorily discharged.

JOHN W. EVANS.

*Colorado Psychopathic Hospital, Denver.*

THE CONTRIBUTION OF PSYCHIATRY TO THE UNDERSTANDING OF HUMAN SOCIETY: A SYMPOSIUM. *American Journal of Sociology*, Vol. 52, No. 6, May, 1937.

The symposium under review is made up of nine articles: *Psychiatric Aspects Regarding Individual and Social Disorganization*, by Alfred Adler; *Psychoanalysis and Social Disorganization*, by Franz Alexander; *The Law of the Organism; A Neuro-social Approach to the Problems of Human Behavior*, by Trigant Burrow; *Psychiatry and Sociology in Relation to Social Disorganization*, by Elton Mayo; *The Relation between Social and Personal Disorganization*, by Paul Schilder; *Disorganization in the Individual and in Society*, by David Slight; *A Note on the Implications of Psychiatry, the Study of Interpersonal Relations, for Investigations in the Social Sciences*, by Harry Stack Sullivan; *The Contribution of Psychiatry to an Understanding of Behavior in Society*, by Edward Sapir; *Social Disorganization and Individual Disorganization*, by Herbert Blumer.

Diligent students of human behavior have recognized for a number of years the potential significance for the social sciences of a dynamic psychiatry, and yet these two disciplines—sociology and psychiatry—still remain widely separated in their ideology and practice. This symposium, when considered as a whole, is a very human document which reaffirms, in between the lines, both of these statements. There is at times a tendency for an author to avoid the central theme of this beclouded relationship between the two disciplines, and, instead, to belabor his own pet topic. Moreover, one frequently senses the strain under which the author is laboring in directing his discourse to professional strangers, as if he either felt ill at ease himself or was fearful that he might disturb his audience, who might be unable to accept his presentations cordially and comfortably. This sense of strain, doubt, and hesitancy undoubtedly indicates some of the underlying factors that tend to obstruct much needed collaborative explorations between the two scientific groups represented.

To turn now to a consideration of the individual articles, it is interesting to note that of the nine, six were written by psychiatrists with psychoanalytic leanings, four of them members of recognized psychoanalytic organizations. Three of the authors—Franz Alexander, Edward Sapir, and Harry Stack Sullivan—show an outstanding familiarity with this relatively unexplored area, and no serious student of human behavior can afford to miss their thoughtful and stimulating articles.

Alexander, in a clear, timely, and convincing manner, discusses the following subtopics: (1) *The Relation of the Psychology of the Individual to Social Phenomena*; (2) *Psychoanalyzing Society*; (3) *The "Sociological Orientation" in Psychoanalysis*; (4) *The Correct Application of Psychoanalysis*; and (5) *Psychoanalysis and the Social Problem*.

In addition he touches refreshingly upon the subjects of criminality, mob action and leadership, group solidarity, culture, religion, and politics, and as he does so indicates some of the interrelationships between these social phenomena and the psychodynamic functions of the individual.

Sullivan, in his paper, makes three separate contributions: First, he briefly summarizes his provocative theory of the psycho-social development of the individual; second, he attempts to isolate and define those unconscious factors—"the parataxic situations"—which so crucially though subtly influence, complicate, or even destroy interpersonal relationships; third, he concludes by pointing out "the crying need for observers who are growing observant of their observing," and indicates their necessary qualifications in that "these investigators must be relatively free from the more serious inhibitions of their alertness in the interpersonal situations that supply their real data; and significant freedom from inhibitions of alertness is but rarely the outcome of personality development as it is likely to occur among us. In other words, it has usually to be acquired by way of special training in interpersonal relations by methods related to the best of current psychoanalytic practices, perhaps now only beginning to be evolved."

Sapir introduces himself with the statement that "it is a bold man who could venture to speak with assurance about such abstruse entities as 'individual' and 'society,'" and then proceeds to give an excellent general summary of some of the pitfalls that threaten when attempts are made to relate the study of the individual to the study of a culture.

The other articles are interesting and informative. They round out and form the background of this interestingly conceived collection of papers.

E. VAN NORMAN EMERY.

Washington University, Saint Louis, Missouri.

#### A CORRECTION

Through a typographical error, the main title of the book by Janet Thornton and Margaret Strauss Knauth, published by the Columbia University Press and reviewed in the October, 1937, issue of *MENTAL HYGIENE*, was omitted. The title is *The Social Component in Medical Care*. The title given, *A Study of One Hundred Cases from the Presbyterian Hospital of New York*, is the subtitle of the book.

## NOTES AND COMMENTS

*Compiled by*

PAUL O. KOMORA

*The National Committee for Mental Hygiene*

### TWENTY-EIGHTH ANNUAL MEETING OF THE NATIONAL COMMITTEE FOR MENTAL HYGIENE

The keen interest in mental health increasingly evident among the professions and the general public was demonstrated anew by the large attendance—some 700 persons representing many walks of life—attracted to the twenty-eighth annual luncheon and meeting of The National Committee for Mental Hygiene, which was held at the Roosevelt Hotel in New York City on November 10. The proverbial drawing power of these yearly conferences was enhanced, in the present instance, by an unusually interesting program, the main feature of which was a symposium on the subject of sex offenders, in which noted authorities in psychiatry, criminology, and penology illuminated some of the darker aspects of this challenging problem and analyzed its underlying causes.

The principal speakers were the Hon. Austin MacCormick, Commissioner of Correction, New York City; Dr. Karl M. Bowman, Director, Psychiatric Division, Bellevue Hospital, New York City; Dr. Winfred Overholser, Superintendent, St. Elizabeths Hospital, Washington, D. C., and former Massachusetts Commissioner for Mental Diseases; and Dr. Edward A. Strecker, Professor of Psychiatry, University of Pennsylvania.

The ever-timely topic of Soviet Russia was also dealt with in a revealing paper by Dr. Ira S. Wile, leading pediatrician and psychiatrist and former Commissioner of Education of New York City, who reported his observations on the mental-health aspects of this revolutionary experiment in socialist government, whose sudden advent astonished the world twenty years ago.

A review of the activities of the National Committee, presented by its president, Dr. Arthur H. Ruggles, and reflecting the accelerated progress of organized mental-health work noted throughout the country during the past year, completed the program.

The address on Russia and the papers presented at the symposium are published in full elsewhere in this journal. An extended account of the year's work, outlined in Dr. Ruggles' report, appears in the National Committee's *News Letter*, December issue. Copies of

the *News Letter* may be had for the asking. Requests should be addressed to the Associate Secretary, The National Committee for Mental Hygiene, 50 West 50th Street, New York City.

#### PSYCHIATRISTS SPEAK AT AMERICAN PUBLIC-HEALTH CONVENTION

Sanitation of the mental environment in which people live, as a factor in the control of mental and nervous disorders, was stressed by Dr. Henry B. Elkind, Medical Director of the Massachusetts Society for Mental Hygiene, in a paper on "The Epidemiology of Mental Disease" presented at the Sixty-sixth Annual Meeting of the American Public Health Association, which was held in New York City, October 5-8, and attended by over 3,500 delegates from the United States, Canada, and several European countries. A sanitary physical environment has reduced cases of disease, such as typhoid fever, by reducing the chances of exposure to typhoid germs in food and water. Analogously, cleansing the mental and emotional environment, by relieving the stresses and strains that lead to mental breakdown, may contribute to the reduction of mental disease. To do this, Dr. Elkind said, scientists must study mental disease in the mass, as epidemic diseases are studied. The localities from which mental patients come, their marital states, occupations, and birth-places may give valuable clues to causes and means of preventing mental diseases, he explained, and health officers should study mental disease from these angles, just as they study the location of cases and the sanitary environment in infectious diseases.

The importance of psychiatric clinics in revealing the mental-health needs of communities and the environmental factors that make for mental health or ill-health, was emphasized by Dr. Clarence M. Hincks, General Director of The National Committee for Mental Hygiene. The actual contribution of these clinics to prevention, he said, is difficult to determine, but there is some available evidence to indicate their effectiveness. He cited as an illustration the experience in the Oxford District of England, where the population is stable—the birth rate equaling the death rate, with immigration and emigration canceling each other. This district is served by one mental hospital, and since the organization of an affiliated clinic during the war, the admission rate to the hospital has gradually declined, although the admission rates to the mental hospitals of England and Wales as a whole have been increasing.

But the value of clinics, Dr. Hincks pointed out, cannot be estimated by reference to mental-hospital statistics alone. They also tend to stimulate the development of well-rounded community mental-



health programs. Clinics specializing in child guidance, for example, have, in many instances, been training centers for physicians, nurses, parents, teachers, and social workers. And they have injected a new note into child-rearing by emphasizing the importance of taking into account factors of significance for healthy mental growth. In this connection, Dr. Hincks remarked on the increasingly hospitable attitude of the medical profession toward psychiatry, and said that this is particularly true of the pediatricians, who are equipping themselves to deal with the mental- as well as the physical-hygiene problems of child development.

Among the objectives of organized mental-health effort in the near future, Dr. Hincks cited that of assigning to public-health departments the responsibility for developing community mental-hygiene programs as "in many ways the most important of all." "Success in bringing mental disabilities under control," he said, "will depend, in large measure, on the effectiveness of community arrangements for prevention and early treatment. And in facing up to such issues, the efforts of a few psychiatrists serving large populations are not enough. There is need for concerted action on the part of health, education, and social-work forces. There is need for the development of long-range programs wherein the needs and potential resources of the community are taken into account. Epidemiological studies are required as a necessary first step in the introduction of constructive efforts wherein the sanitation of the environment from the mental-health point of view will be an objective."

Such a broad-gauge program, it was pointed out, necessitates medical leadership under public-health auspices, and Dr. Hincks expressed the hope "that during the next ten-year period leaders in public health will accept the challenge and will pave the way for the active resumption of responsibility. But a requisite for this is the mental-hygiene training of public-health workers, and our efforts to-day should be focused on this issue."

#### NEW YORK STATE CONFERENCE OF SOCIAL WORK

Predicting the careful psychiatric examination, as a matter of course, of all persons charged with crime in the future, Dr. Karl M. Bowman, Director of Bellevue Psychiatric Hospital, defined the functions of the psychiatrist in present-day court procedures before a group of probation workers and others attending the Thirty-eighth Annual New York State Conference of Social Work, which was held in New York City, October 19-22. Clearing away some popular misunderstandings of these functions, Dr. Bowman explained that the

psychiatrist is trying not to protect the criminal, but to rehabilitate him, or when this cannot be done, to bring about, for the sake of society, his more or less prolonged segregation. Even when the psychiatric examiner pronounces the criminal a "psychopathic personality," such a diagnosis is ground, not for leniency, but for a more severe sentence and a longer period of segregation. He objects to cruel punishment merely for the sake of punishment. On the other hand, he objects to the "sloppy sentimentality of treating hardened criminals as heroes and the attempts to help them avoid the proper consequences of their acts."

Asserting that the theory of probation is psychologically sound and its application "in line with modern psychiatric thought," Dr. Bowman posited three requirements for its successful functioning. In the first place, probation must be intelligently applied by the judge; that is to say, it must be based on understanding of the personality of the offender and the motivation back of his crime. Secondly, probation officers must be individuals of sufficient sympathy and understanding to be able to secure the confidence of the offender and to carry out a suitable program for his assistance. Thirdly, the case quota of the probation officer must be limited so that he can really do intelligent work with the persons assigned to him.

In a paper on "Psychiatry and Protective Work," Dr. Earl H. Adams, at another session of the conference, described his work as psychiatric consultant to the Brooklyn Society for the Prevention of Cruelty to Children. In this work, Dr. Adams explained, the emphasis is on the attempt to remedy the situation—in terms of the function of the society and as the situation might affect the welfare of the child involved—rather than to apply therapy to the individual. Interesting also is the fact that the psychiatrist, on numerous occasions, undertakes to visit the patient's home, accompanied by an agent of the society, to study conditions at first hand—an approach not commonly employed by psychiatrists.

Advocating the "medical attitude" in dealing with problems in protective practice—doctors should "study, understand, and modify situations for the better, and never condemn"—Dr. Adams expressed the belief that the private protective agency will find its primary function approximating "just such an approach to the social body." As a matter of fact, recourse to the courts was seldom resorted to in the handling of his case material. Even where complaints were legitimate, the faults did not lie so much in the field of well-defined legal functions as in implied possibilities for help. Most of the factors at issue are, in the last analysis, emotional in character, and with some exceptions, courts are becoming more and more recep-

tive to the extra-legal aspects of these cases and to assistance from the investigator and the expert.

On the other hand, Dr. Adams stated, with the increasing rôle of the public agency in social work, reliance is being placed more and more upon the continuous and competent functioning of public agencies and the law and upon recourse to legal proceedings; whereas in the past "the small voice of the individual was magnified and made audible by the private agency." The personal factor and certain other functions of private character can be handled privately only, and there is danger that "a mouthpiece of private need may be stifled." "The majority of inimical influences that come to bear upon children, and indeed upon adults, are not criminal in purpose or in degree," he added, "and they cannot be dismissed by a verdict of guilty or not guilty. They will, however, respond to attempts at understanding on a case-work basis."

Speaking at a meeting of the Association of Children's Institutions, Dr. Frank J. O'Brien, Acting Director of the Bureau of Child Guidance of the Board of Education of New York City, urged the need for trained personnel in child-welfare work. He pointed out that the responsibilities assumed by institutions were in general much more difficult than those assumed by parents, and for that reason only the best qualified persons should be entrusted with such serious responsibilities. When adults are not themselves properly adjusted, he warned, the danger arises of evaluating a child's behavior in terms of the adult's limitations and needs rather than of the child's.

#### SECOND NATIONAL SOCIAL-HYGIENE DAY

Encouraged by the widespread response to its efforts to secure public coöperation in the drive against venereal diseases during the past year, the American Social Hygiene Association is planning a second National Social-Hygiene Day to be observed on February 2, when regional and local meetings to further its educational work will again be held throughout the country. This attempt to keep the spotlight of publicity focused on the twin evils of gonorrhea and syphilis, and to follow up the remarkable gains in professional and public interest achieved in recent months, is a logical next step in the concerted and sustained campaign which the federal, state, and local authorities, in collaboration with the voluntary agencies of the country, have undertaken to lift this "shadow on the land," and which promises to wipe out the long-standing reproach implied in the vast incidence of these diseases in the United States and our culpable failure to control them as other forward-looking countries have done. Mental-hygienists hail this movement as a significant

potential contribution to the prevention of mental and nervous disorders, a substantial proportion of which owe their origin to syphilitic infection, and earnestly hope for its success.

#### MICHIGAN APPOINTS MENTAL-HYGIENE COMMISSIONER

Dr. Joseph E. Barrett, formerly Assistant Commissioner of Mental Disease in Massachusetts, has been appointed director of the new state hospital commission of Michigan. The commission was set up under a new act passed by the 1937 session of the legislature, in line with a reorganization of the various state departments. This action followed a study of the state and local public relief and public welfare agencies made by the Welfare and Relief Study Commission of the State of Michigan, which recommended in its report the creation of three new departments of state government—namely, a state department of public welfare, a state department of mental hygiene, and a state department of corrections—to supplant existing state welfare agencies and organizations. It was proposed that each of these three departments be headed by a commission of seven unpaid members, to be appointed by the governor for overlapping terms of six years. For the department of mental hygiene, it was further recommended that the personnel of the department and the institutions under its control be selected and retained under the provisions of a civil-service merit system.

The appointment of Dr. Barrett carries out the letter and spirit of this recommendation, for it was made only after a careful scrutiny of the professional qualifications of the candidates whose names were submitted upon consultation with authoritative psychiatric sources, within and without the state. Dr. Barrett was graduated from the University of Tennessee College of Medicine in 1922, and after an internship at the City Hospital of St. Louis, Mo., he served in the state hospital for mental and nervous diseases at Little Rock, Arkansas, for a period of five years. In 1928 he entered the Massachusetts state-hospital system, where he served as Assistant Superintendent of the Taunton State Hospital until 1934, and as Assistant State Commissioner of Mental Diseases until 1937. He is a member of various medical societies, including the American Medical Association, the American Psychiatric Association, and The National Committee for Mental Hygiene, and has been certified by the American Board of Psychiatry and Neurology.

The assignment of a trained and experienced psychiatrist, like Dr. Barrett, to this important post is a particularly auspicious one under the new and promising set-up in Michigan, which presages a far-reaching advance in the development of this state's provisions for

the mentally ill in the next few years. For the first time in its history, the central organization responsible for the care and treatment of the insane and the feeble-minded is under medical direction. The new commission has complete charge of each of the ten state mental institutions and is authorized, under the Act of 1937, to appoint a superintendent whenever a vacancy occurs at any of them, and to establish rules and regulations for the proper management of the institutions under its supervision. Other functions include the coördination of all state services relating to mental hygiene, the development and supervision of a state mental-hygiene program (with emphasis upon educational and preventive measures designed to reduce the incidence of mental disorders, mental defect, and epilepsy), and the supervision and licensing of private institutions for the mentally ill, mentally defective, and epileptic. Dr. Barrett also serves as secretary of the commission.

#### INDIANA CHILD-GUIDANCE PROGRAM

The spirit of the Hoosier poet broods again over the waters of the old swimmin' hole. In 1924 the Indiana University School of Medicine built and dedicated to the beloved bard the James Whitcomb Riley Hospital for Children. Last summer Indiana recognized the mental-health needs of its children by establishing, under the bureau of maternal and child health of the state board of health, a department of child psychiatry to provide a mental-hygiene and child-guidance service. Dr. Howard P. Mettel is chief of the bureau of maternal and child health and the mental-health program is under the direction of Dr. Exie E. Welsch, a former Commonwealth Fund fellow trained at the Philadelphia Child Guidance Clinic.

Part of the service is devoted to the children's division of the state department of public welfare, which has established several demonstration areas where clinical service is given, working through the various professional functionaries in the health, educational, medical, and social fields in these areas. Another part is devoted to clinical service at the children's hospital of the medical school.

The department of child psychiatry is definitely integrated with the medical-education program of undergraduates and hospital staff, and has also the coöperation of the Indiana State Medical Association and the Department of Public Instruction. Located in the department of pediatrics of the medical school, it nevertheless fulfills a wide state need since indigent children from the entire state are accepted as patients at the James Whitcomb Riley Hospital.

In addition to the psychiatrist, the staff includes two psychologists from Indiana University, and Riley Hospital social workers; and, of



course, it has the coöperation of the pediatrician-in-chief and the pediatrics staff. The psychiatrist has been assigned a certain number of hours for clinical teaching of child psychiatry to senior medical students and for lectures to junior medical students. In addition, the psychiatrist is available as psychiatric consultant for inpatients, and is also organizing an out-patient department.

#### NEW YORK VOTERS APPROVE \$40,000,000 BOND ISSUE FOR STATE HOSPITALS

Mentally ill citizens of New York State are again assured of continued medical care and treatment of the same order and adequacy that have characterized the state's liberal provisions in the past, thanks to the enlightened and generous action of its voters, who, on last Election Day, approved a \$40,000,000 bond issue for additional state hospitals and other state institutions. This will relieve the present margin of overcrowding and will provide for the normal increase of cases to be expected over the next few years. It will, particularly, meet two pressing needs—namely, those for a new institution for mental defectives and a suitable state hospital for epileptics to care for the overflow of cases from New York City.

The population of the New York state hospitals (not including institutions for mental defectives) has increased approximately 3,000 each year for the past six years and is now over 70,000. It will be four years before all the additional buildings will be ready to receive the overflow from state hospitals now in existence. Based upon the average annual increase of the past six years and allowing for some construction now under way, the state will by that time require 11,600 additional beds for the care of its insane. The cost of constructing plant, wards, and service buildings makes each new bed cost approximately \$3,000, thus bringing the total for anticipated requirements of this need alone to \$34,800,000.

#### DR. POLLOCK URGES BETTER INTERNATIONAL STATISTICS ON MENTAL DISEASE

A plea for an international classification of mental disorders and the adoption of measures for the development of more reliable statistics concerning patients in mental institutions in the various countries of the world was made by Dr. Horatio M. Pollock, statistician of the New York State Department of Mental Hygiene, at the Second International Congress on Mental Hygiene held in Paris last summer.

The present status of international nomenclature and statistical reporting in this field, Dr. Pollock said, is similar to that which

obtained with regard to national classification and reporting in the United States twenty years ago, when the same lack of uniformity made the collection of comparable statistics concerning mental disease impossible in the various states. Since then there has been a progressive improvement in statistical reporting in this country, culminating in the nation-wide adoption of a standard classification arrived at in 1932 by joint action between the American Psychiatric Association and the National Conference on Nomenclature of Disease.

While other countries have proceeded in a somewhat similar manner to formulate classifications of mental disorders for their own use, little attempt has been made to secure an acceptable international classification. To succeed in this, Dr. Pollock suggested that it would be necessary to appoint a committee on classification, to consist of representatives of various countries. Such a committee would make a thorough study of existing classifications and either construct a new classification which would embody the best ideas of all, or devise ways and means of bringing the several classifications into harmony.

Progress along this line, Dr. Pollock pointed out, is likely to be delayed owing to the difficulty of obtaining complete international accord, but pending the establishment of such uniform classification, it should be relatively easy to secure agreement on methods and measures looking to the compilation of comparatively simple statistical data, of various types specified by Dr. Pollock, which would throw much light on the psychiatric problem in the several countries.

To carry out his suggestions, Dr. Pollock said, would require the organization of a working international committee and the establishment of a central bureau of psychiatric statistics with a competent statistician in charge. A large financial outlay, he said, would not be necessary, but sufficient funds should be provided to enable the bureau to make and maintain friendly contacts with the various nations. "Once successfully started, the collection of the data ought not to be difficult. It would be a great voluntary coöperative enterprise which would prove beneficial to all countries participating therein."

#### BOARD OF EDUCATION ISSUES SECOND INTERIM REPORT ON JUVENILE DELINQUENCY IN NEW YORK CITY

A city-wide survey of the problems of maladjustment and delinquency among the 1,200,000 children in the New York school system has been completed, and a full account of its findings will be published shortly. An announcement to this effect was made by James Marshall, vice-president of the board of education and chairman of the joint committee which has been studying the various activities of

the school system during the last two years with a view to reducing the number of problem cases and setting up more adequate treatment facilities.

The first interim report of the study was issued in July, 1936. In its second interim report, issued last September, the committee recommended the creation of a central coordinating committee for community councils and a standing committee of school officials to deal with the problem of school maladjustments more effectively. Special studies of the questions of better report cards, probationary schools, foster homes, guidance programs, and supervisory duties also were proposed.

The committee cites the widely publicized Los Angeles Community Councils, which have been strongly advocated by the National Probation Association, as a desirable pattern for unified efforts to supplement and reinforce the preventive work of public and private agencies and the schools in New York City, and as a means of enlisting the organized support of influential citizens in dealing with the social problems of their immediate areas. On this point the report declares:

"The committee believes that there is inadequate coordination of the special services dealing with the detection, classification, and treatment of the maladjusted and the prevention of delinquency. It therefore recommends that a standing coordinating committee be organized which shall be required to meet at frequent intervals and shall be composed of one or more associate superintendents, the director of the bureau of attendance, the director of child guidance, the director of health education, a principal of a probationary school, and the director of the bureau of reference, research, and statistics."

On the question of pupil record and report cards, the committee declared that an "insistent" need is felt by the junior high schools for a complete and adequate record card from the elementary school. It said that inspection of the official scholarship-record card "indicates how unenlightening the information gathered during the pupil's school career actually is," and added that "a record blank must be adopted which assures as much attention to growth in personality and behavior as is given to academic progress."

Other recommendations made by the committee include a study of the possibilities of foster-home and institutional care for persistent truants; an experimental reorganization, study, and appraisal of the probationary schools; consideration of the advisability of establishing the position of dean in the secondary schools; and the encouragement and evaluation of present experiments with guidance programs in high schools.

## DR. ALEXANDER ANALYZES THE CRIMINAL

Comparative psychoanalytic studies of criminal types in America and Europe have revealed that the American criminal individual, upon close examination, shows "definite passive, dependent, and even feminine traits, which are covered up with a more or less thin surface layer of overt toughness, aggressiveness, and bravado," declared Dr. Franz Alexander, Director of the Institute for Psychoanalysis of Chicago, at the recent annual meeting of the Jewish Board of Guardians in New York City.

Dr. Alexander, who has done considerable psychological research on criminals, advanced the theory that the criminality of such individuals frequently is based on a defense mechanism, representing the individual's attempt to cover up and compensate for those dependent and feminine traits that are not acceptable to society. As a result, he is led into adventurous and aggressive activities.

Dr. Alexander based his views upon the fact that conflict exists between the pioneer culture of our early American history and the complex social and economic conditions that prevail to-day. He believes that our present-day industrial civilization makes it difficult for many individuals to live up to the standards of independence and personal initiative that prevailed in our pioneer era, and that "this discrepancy between existing social and economic conditions and traditional ideals has a direct relation to criminal behavior." In other words, our social structure has changed, but the standards which present-day society imposes on the individual have not changed.

Dr. Alexander, in comparing his studies of criminal individuals in America with those in Europe, stressed the fact that European persons do not show to the same extent the dependent, passive, and feminine traits which our offenders do, and he believes that this type of personality is especially apt to be drawn into a criminal career in this country. He concluded that "crime prevention on a large scale is essentially an educational problem," and that in order to modify our standards for individuals and groups, more in keeping with our complex and highly industrialized society, we must develop new ideals and new social virtues for this group, not in contradiction, but as an addition, to the traditional ideals of personal accomplishment, independence, and enterprising spirit."

## MCLEAN HOSPITAL STUDIES THE ALCOHOLIC

Hope for a cure for the chronic alcoholic, within certain restrictions, is emphasized in the first report of a notable study of alcoholism published in a recent issue of the *New England Journal of Medicine*. We

are indebted to the Associated Press for the following summary of the report:

"The study, designed to furnish a scientific answer to the question, 'Can a chronic alcoholic be cured?' and described by psychiatrists as having far-reaching implications for society, is being undertaken by the McLean Hospital.

"In the report two major conclusions stand out:

"Both the age and the length of time a person has been drinking heavily affect the outcome of treatment.

"A patient must sacrifice a year of his life in order to be sure of obtaining adequate treatment.

"From its studies so far, the McLean Hospital, one of the leading private institutions in the country for the treatment of nervous and mental disorders, reports certain definite observations.

"Chief of these are:

"That among men alcoholics one of their outstanding characteristics was their ability to get along with others and approach sociological problems realistically.

"That drinking, 'which at first was social and periodic, tended gradually to become solitary and continuous.'

"Fundamentally, the report contended, alcoholism must be considered as a disease.

"Observations over a period of ten years at the hospital have led to the conclusion that a patient who, by the age of thirty-five, has been drinking heavily for six or seven years, gradually working up from the early twenties, stands a chance of being cured.

"After forty, and after seven years of continuous and heavy drinking, the chances become slimmer.

"Apart from the purely medical treatment of a patient, and the need for his sacrificing a year of his life, one of the prime requisites, hospital psychiatrists said, was the necessity of replacing alcohol with an interest, or group of interests, which would tend to incite an alcoholic to climb toward the aspirations of his best moments.

"Here lies the crux of the whole treatment, psychiatrists said.

"The idea of substitution for the alcohol,' says the report in the journal, 'has been further elaborated in some patients by the development of a program for academic study, even courses in a university or extension courses.'

"Total abstinence for the rest of one's life 'must be strictly insisted upon.' "

#### PSYCHIATRIC DEPARTMENTS IN GENERAL HOSPITALS

The addition of psychiatric departments to all general hospitals is urged by Dr. Samuel W. Hamilton, Director of the Division of Hospital Service of The National Committee for Mental Hygiene. Speaking recently before the American College of Surgeons in Chicago, Dr. Hamilton emphasized the need for more care for the mentally ill and for a changed point of view toward such patients by the general hospitals of the nation. He held that the general



hospital must be prepared to serve those patients who need hospitalization, but whose condition is not so severe as to justify their commitment to a state hospital for the mentally ill.

The growth of modern city life has made it doubly imperative that more attention be given to the hospital facilities for psychiatric patients, Dr. Hamilton pointed out. "Urbanization of the people and specialization of the nursing function have caused hospital treatment of all sorts of sickness to expand tremendously. What is good management in obstetrics will some day be required in psychiatry."

Thirty-seven general hospitals, most of them in large cities of the United States, already have psychiatric departments. Dr. Hamilton hopes to see the number grow. "Every community has many patients who recognize very keenly that they are 'nervous' and wish help. Some of them go to state hospitals, but the state hospital is not always so organized that it can take care of such a problem in the way its staff would like to. Moreover, there are a great many patients who cannot be induced to go to a state hospital in their own neighborhood and unless they get sick enough to be forced to go, will stay out, to their own detriment and to the confusion and embarrassment of their relatives and friends. A great many of these will go to a general hospital and enter a psychiatric service willingly. That has already been the experience of such hospitals."

#### NEW YORK PSYCHIATRIST ADVOCATES STATE-COMMUNITY PROGRAM FOR DEFECTIVE DELINQUENTS

Fourteen per cent of the residents of New York State—or nearly 2,000,000 persons—are below average or border-line in intelligence, Dr. Edward J. Humphreys, of Letchworth Village, told members of the Women's City Club, New York City, at a recent meeting on "The Challenge of Mental Deficiency." In addition to these, there are approximately 200,000 definitely classed as feeble-minded. The state has facilities for only 16,000 of such mental patients, Dr. Humphreys stated, and pressure for admissions is constantly rising.

The problem cannot be borne entirely by state departments, but must be shared by communities as well, Dr. Humphreys declared. He said it was dangerous both in a political and a social sense to expect the government of a country or a state to be an all-provider, and that it is fully as important for the state to know its social assets and liabilities as its economic ones. He advocated a joint state and community program which would provide institutional care for the delinquent type; institutional care and school-family training for the pre-delinquent type; institutional care and industrial school training for

the "difficult child" type; and school-family and industrial-family care and training for the unprotected "socially minded."

Miss Marian McBee, Executive Secretary of the New York City Committee on Mental Hygiene of the State Charities Aid Association, who also spoke, stated that there are in New York City at least 20,000 school children of defective intelligence. The special classes provided for children of that type can accommodate only 11,000; hence the facilities are scarcely more than 50 per cent adequate.

#### RAND SCHOOL LECTURES

Dr. Ernst Harms, former Director of the German Völkerpsychologische Institut and noted student of social psychology, is scheduled to conduct a course of fourteen lectures this winter and spring at the Rand School of Social Science in New York City. The lectures will be given on Thursday evenings, at 7 P.M., starting January 20, and are intended for laymen as well as professional workers. Dr. Harms will take as his theme "The Sane and the Sick in Social Behavior," and will deal with such topics as individual and social psychopathology; heredity; family life; the effects of urbanization, housing, and industrial conditions on mental health; crime and suicide; migration; professional and occupational neuroses; the relation of church and state and political functions to abnormal social manifestations; and other aspects of social psychology. For requirements for admission to the course and other particulars, address the Rand School, 7 East 15th Street, New York City.

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